

October 22, 2010

Los Angeles County Board of Supervisors

Gloria Molina

First District

Each Supervisor

Mark Ridley-Thomas

Second District

Don Knabe

John F. Schunhoff, Ph.D.

Interim Director

Zev Yaroslavsky

Third District SUBJECT:

TO:

FROM:

REPORT ON OLIVE VIEW-UCLA MEDICAL CENTER

**NEONATAL INTENSIVE CARE UNIT (NICU)** 

Fourth District

Michael D. Antonovich Fifth District

On October 12, 2010 your Board directed the Department of Health Services (DHS) to provide a report back to the Board on the Center for Medicare & Medicaid Services (CMS) findings, and the facility's response, related to a survey of the Olive View-UCLA Medical Center NICU conducted on June 8, 2010.

John F. Schunhoff, Ph.D. Interim Director

Gail V. Anderson, Jr., M.D.
Interim Chief Medical Officer

The deficiencies identified by CMS were on the following subjects:

- NICU physician coverage
- NICU call schedule access
- Safety features of scales available in the NICU
- Breast milk receipt and storage
- Employee health screening

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

In response, the following corrective actions were submitted to CMS and implemented:

www.dhs.lacounty.gov

- Hired a Chief of Neonatology
- Hired additional Board certified physician coverage for the NICU
- Instituted a process for ensuring monthly call schedules are available
- Replaced scales in NICU
- Instituted new policies and procedures related to breast milk receipt and storage
- Instituted new polices related to patient safety in the NICU
- Addressed personnel issues related to this event
- Revised policies related to employee health services.

Corrective actions are being monitored for ongoing compliance. The CMS report (2567) is attached. Please let me know if you have questions or require additional information.

To improve health through leadership, service and education.

JFS:CR:mw

Attachment

www.dhs.lacounty.gov

Chief Executive Office
 County Counsel
 Executive Office, Board of Supervisors



PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

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A 000	Department of Pub COMPLAINT VALID COMPLAINT NO: 0 Investigation was lifullegation(s) and do inspection of the hor Representing the Complete Realth: Raul Reyes HFEN; Susan Seybour HFEN; S	cts the findings of the California lic Health during a DATION survey for CA00228738.  mited to the complaint oes reflect the findings of a full ospital.  california Department of Public s, HFEN; Terry Mc Elroy, both, HFEN, Barbara Mellor, ford Weinstein, Medical  intered the hospital on 5/12/10 hospital identified their census  DEPARTMENT THE COMPLAINT ND REGULATORY RE WRITTEN AT ALL A TAGS NT.  middren Services al Officer ry Officer rsing Assistant Tomography Scan Breastmilk	Α 0		REVISED on 10/15/10			
APOPATOR	Improvement OB/GYN - Obstetric	rse Practitioner urance and Performance	JATUPE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID: 111Q11

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A 049	ACCOUNTABILITY  [The governing body medical staff is accommedical staff is accommedical staff failed the governing body operational status a being provided to it communicate the lecreated a potential neonates who's cal in-house neonatolo personnel were qualified.  1. Per review of the 6th edition; co-auth Academy of Pediat	rocedure rein Derivative urse CAL STAFF -  dy must] ensure that the rountable to the governing of care provided to patients.  is not met as evidenced by: eview and staff interview, the to be accountable in updating regarding the NICU's current and the quality of medical care is patients. The failure to evel of care being provided for harm to critically ill re needs, in the absence of an egist, were more than the NICU		0000	A049 MEDICAL STAFF ACCOUNTY  1. CCS Designation Immediate and Permanent Con The CEO sent a memo to all staff to maintain the NICU intermediate level until th application process (apply) Community status) was comple Personnel from CCS performe on-site review and audit of compliance with their crite  The interim Medical Direct a board certified Chief of Neonatology  The Chief of Neonatology of five additional board cert Neonatologists to provide in the NICU, making 6 neonatology of available for coverage.  The Chief of Neonatology of a letter granting condition approval as a CCS Community	NICU at an he CCS ing for leted. ed an E OVMCS eria  tor hired tified coverage natologis eccived hal y NICU	5-12-10  6-8-10 to 6-10-10  6-1-10  t 7-1-10
	authority setting the perinatal care, the	e standard for levels of designations of levels of care c, Level II - specialty (NICU),			for 6 months beginning July The Chief of Neonatology re a letter granting condition approval as a CCS Community for 6 months beginning Augu 16, 2010.	eceived nal y NICU	8-16-10
	equipment to perfo evaluate healthy in	are would have personnel and rm neonatal resuscitation, fants and/or stabilize ill til the necessary transfer to a		680	Persons Responsible: Interim Chief Medical Office Chief of Neonatology Assistant Hospital Administ		

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A 049	* Level II nurseries moderately ill infan recover rapidly. The further subdivided Level IIA would have infants needing as IIB who could proving ventilation for a bricker II nursery, a obstetrician-gyneomaternal-fetal mediobstetric service. In above, a board-cessubspecialty certification should be service.  The hospital staff and a clinical pathology and service.	could provide care to ts who were expected to is level of neonatal care was into Level IIA and Level IIB. ve no capability to care for sisted ventilation unlike Level ide care with assisted ef duration. At a hospital with a	A	049	Monitoring Process Monitoring of CCS Status a maintenance of CCS designa is the responsibility of a chief of Neonatology. The are requirements in the CO standards to provide report and data regularly regards standards compliance and neonatal outcomes. Once full, non-conditional approval is achieved, monit of compliance will be done the chief of Neonatology oversight by the Assistant Hospital Administrator.  Information related to the admission and transfer of babies is monitored daily by the Chief of Neonatology	ation the ere CS rts ing l itoring e by with t	ongoing
	severe high risk in illnesses. A subsponsersonnel (neonatal neonatal respirator available to address This level of care of Levels IIIA, IIIB an equal to or greater gestational age was should be in a Level have the capability such as central lingerepair. Infants with gestational age was be in a Level IIIB of the subsection of the subse	specialty NICU should care for fants with complex and critical ecialty NICU required it's ologist, neonatal nurses, by therapists) to be continuously as neonatal emergencies. Was further subdivided into dillic. Infants with birth weights than 1000 grams and/or as greater than 28 weeks el IIIA NICU. Level IIIA should for minor surgical procedures to insertion or inguinal hernia less than 1000 grams and/or as less than 28 weeks should alicu. This level of nursery care for infants requiring high					

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A 049	frequency ventilation requiring surgical in cardiopulmonary be congenital malform NICU, the most ad Other neonatologis subspecialty NICU similar to the chief pediatrician with sunconatal-perinatal should be available day. A neonatologismanage neonatal of the community of the co	on and nitric oxide. Infants interventions with spass due to serious nations should be in a Level IIIC vanced level of neonatal care. Its who practice in the should have qualifications of the service (board-certified abspecialty certification in medicine). A neonatologist is for consultation 24 hours per st should be in-house to emergencies.  In the hospital's website in 7/8/05, the hospital's NICU is a community Level III	A	049	A049 MEDICAL STAFF ACCOUNTABILE MEDICAL STAFF COVERAGE IN THE IN The interim Medical Director ha board certified Chief of Neon The Chief of Neonatology hired Board Certified Neonatologist provide coverage for the NICU, the board certified neonatolog already on staff. Additionall coverage is also provided by hospitalists and nurse practit who have been granted NICU pri by the medical staff.  The Chief of Neonatology also arranged for board-certified/be eligible pediatricians to prov moonlighting coverage. There eight moonlighters available t provide coverage. All of whom been granted privileges by the Medical Staff Association.  The total complement of staffi available to provide coverage in the NICU is as follows: 7 Board Certified Neonatologis 8 Board Certified Pediatrician NICU privileges 3 Hospitalists with NICU privi 2 Neonatal Nurse Practitioner  Standard staffing includes 2 hospitalists on for 7A-7P with a Neonatologist in house 1 hospitalist for 7P-7A with a Neonatologist on call.  There is always a Neonatologis call.	nICU ired natology five to who join ist y, NICU ioners vileges oard ide are now o have  iss with leges for days	6-1-10 6-1-10 6-1-10 6-1-10 and ongoing

Event ID: 11IQ11

STATEMENT OF DEFICIENCIES

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A 049	addressed to the formula dated 11/20/08, reviated 11/20/08, reviated for the hospital approval as an interperiod of four month concerns, specifical Review of the hospital failed to conto only provide an in Record review for 5 hospital's NICU, reviated for the continued to care formulated to care formulated for continued for conti	tion letter from CCS rmer NICU Medical Director, ealed that the provisional spital's NICU on a community was changed to conditional rmediate (Level II) NICU for a ns due to staff qualification lly the lack of neonatologists.  Ital's table of correspondence to 6/2/10 showed the mply with CCS' requirements ntermediate (Level II) NICU. of 30 infants cared for in the realed that the NICU or infants requiring Level IIB to Patients 1, 2, 5, 4, 7).  Ithe neonatologist's NICU or and personnel record review al's NICU had one natologist alternating a weekly liatrician who was not board certified, to be the ultant. On 5/3/10, 5/30/10 and no neonatologist coverage on nsultation. By the month of ible pediatrician was on a eaving one board-certified able for NICU consultation, but	A	049	The chief of Neonatology pa monthly coverage schedul provides for appropriate 1 both in-house coverage by practitioner with NICU priand on-call coverage by a certified neonatologists wfulfills the requirements Level III care.  PERSONS RESPONSIBLE Chief of Neonatology Medical Staff Office Professional Staff Associat (PSA) President  MONITORING PROCESS  On a monthly basis, the Chineonatology will review the schedule and verify that it posted on the hospital introview the schedule and verify that it posted on the hospital introview will notify both the Chief of Pediatrics, who, in turn will notify both the Chief officer and the President of the PSA. Actions will be tated to correct any deficiencies This monitoring process will continue indefinitely.  The Nurse Manager of the NID be instructed to report any with the call schedule or pwith physician availability chief or Associate Chief of the Chairman, Department of AND the President of the PSD be responsible for independinvestigating and reporting any problems. The NICU nur staff has been in-serviced role that the PSA President playing in this process.  The medical staff office month of the practitioners responnicue coverage.	e that evel of a vileges board hich for  ion  ef of call is anet. es, Dept Medical f kent  CU will problems roblems to the Neonatol Pediatri A who wil ently sing on the is nitors leging	.ogy .cs .l	

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A 288	care and consultation  2. During an obsertion of the NICU, the Din Nurse Manager of at the nurses' static board listed all the in the NICU. There board to indicate won-call or their conhow staff would knemergency, RN 7 sphysician/NNP on-of shift. When ask on-call at this time, and the Nurse Mar Medical Director of the hospital intrans Maternal Child, the RN 7 stated they wis schedules were averaged and learning through the consultations and mechanisms and mechanisms and learning through the comprehensively a simplementing previous feedback and inserticed in the consultation of the comprehensively a simplementing previous of facility does not not comprehensively a simplementing previous of facility does not comprehensively a simplementing previous does not comprehe			288	QAPI Program Immediate/Permanent Correct Actions: OVMC Policy #130 "UHC Patie Safety Net Event Reporting System was reviewed by Qual Services & Risk Management This policy requires reporting of events via the PSN system. OVMC Policy #130 was revise include requirements for me to document reviews in the to include the reporting of investigations and correct actions to the Risk Manage Committee quarterly. Nurse Managers were remind instruct staff to document and actions taken in the p medical record  Persons Responsible: Risk Manager Chief Nursing Officer Nurse Managers Monitoring Process Event details will be repo Quarterly beginning Novemb	ent lity e on-line ed to anagers PSN and f events ive ment ed to events atient's Chair	9-22-10 7/27/10

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STATEMENT OF DEFICIENCIES

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A 049	Continued From pa		A 04	49 2. CALL BOARD MANAGEMENT		
A 049	2. During an observe 5/12/10 at 1120 how of the NICU, the Dir Nurse Manager of Nat the nurses' statio board listed all the pin the NICU. There board to indicate whon-call or their contract how staff would know	ation tour of the NICU on ars, with the Medical Director ector of Maternal Child, the IICU and RN 7, the call board in was observed. The call ohysicians and NNPs working was no information on the no was the physician or NNP act numbers. When asked with whom to call in an atted the name of the all was passed on at change did who was physician/NNP attended the call list was also on the total was expected who was physician/NNP attended the call list was also on the total was expected who was physician/NNP attended the call list was also on the total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the intranet. The total was expected to the call list was also on the call list was also on the list was expected to the call list		Immediate/Permanent Correct Actions  The interim Nurse Manager rorganized the white board withe MD/NP provider names and contact information.  The Clinical Nursing Direct a memo to all NICU nursing instructing them on how to the NICU call schedule via OVMC intranet.  The change of shift hand-of process was revised to inclinate review of the whiteboard and ensure that the white board contains the correct names call staff.  Monthly printed "on-call" sposted in the NICU assignment the interim NICU nurse Manainstructed to report any provith the call schedule or point the Chief or Associate of Neonatology, the Chairma of Pediatrics AND the PSA Post who will be responsible for independently investigating reporting any problems. The nursing staff has been inson the role that the PSA pris playing in the monitorin process.  NICU nurses were inserviced mechanism for reporting the medical staff association, problems with the call sche Persons Responsible NICU Nurse Manager Clinical Nursing Director PSA President Dept of Pediatrics Chairman	or sent staff access the fude d to of on heets ar nt book. ger was oblems to Chief n, Dept resident and NICU erviced esident g on the ough the any dule.	5-12-10 9-17-10
	addressed two adve comprehensively an implementing preve feedback and inserv	rse patient events by alyzing their causes and ntive actions which included icing for the nursing staff in a resulted in the potential for		Chief of Neonatology		

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A 288	Additionally, this rescompliance by nurs regarding the collect breast milk with the administration to init 30 sampled patient and 28).  Findings:  1. On 5/12/10, the Chealth initiated a coincluded the allegat from the scale onto 3/14/10.  During an interview 1150 hours, she proof the incident and caught from an acc 3/14/10. A photograshowed two raised the scale front and were flat and openmetal cart.  The medical record 5/12/10 at 1515 hours prematurely at a geweeks (full term pre 995 gms (approxim Review of the nurse 3/14/10 at 2000 hours and the scale #3, one hand "The bed linens we scale #3, one hand	ring weighin of infants. sulted in continued non ing staff with the P&P offion, storage and handling of potential for error in fants in the NICU for seven of s (Patients 4, 6, 13, 16, 23, 25,  California Department of Public complaint investigation which ion a NICU baby was dropped the floor during weighing on  with the CQO on 5/12/10 at ovided an investigation report confirmed Patient 2 was idental slip off a scale on aph of the scale involved sides covering the length of back. The ends of the scale The scale sat on top of a  for Patient 2 was reviewed on urs. The patient was born estional age of 26 and 4/7 egnancy is 40 weeks) weighing	A 2		Monitoring Process At each change of shift, the nurse reviews the white boat ensure it contains the correct providers. The charge nuco-sign the printed call shindicating they have read a verified who is on call.  Random observational monitor will be done by the Interim Manager and the Clinical Numbirector by observing 10 chashift hand offs.  The Chief of Neonatology.in monthly duty of preparing the coverage schedule will ensure call schedule is complete. Problems will be reported to the Chairman, Dept of Pediate This monitoring will be independent of the Nurse Manager, in his/heduties of ensuring that the Board correctly identifies ton call staff, will need to to the monthly NICU coverage schedule as posted on the inf the Nurse Manager finds a problems with the call schedule/she will notify the Chief Neonatology, the Chairman, I Pediatrics, as well as the president. This monitoring continue indefinitely.	ring Nurse ring Nurse rsing ange of his ne NICU re the Any o trics. efinite. er Call the refer entranet. any dule, f of Dept of PSA	9-15-10 and ongoing

Facility ID: CA060000038

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A 288	the infant gave one the floor. Was able grasping legs and the actually touched flood During a follow up it 5/12/10 at 1515 how been placed on the staff not to use it for stated a four sided to be used for those pounds) and/or more asked to provide a proper use of scale CQO stated there will be a for report of the NICU was reviewed to the was reviewed to the was reviewed to the term of the NICU was reviewed to the term of the NICU was reviewed to the term of the NICU was computed in the term of the term	big push and began falling to to break part of the fall by buttocks. Upper back area	A 28	ACCIDENTAL SLIP OFF A SCALE Immediate/Permanent Correct: Actions  The Clinical Nursing Direct revised Policy 512 Patient: Measures in the NICU to inc. statement that any infant we greater than 3000 grams or 8 weeks of life must be weigon the four sided scale. The RN involved received a confirmation of counseling: NICU staff were inserviced policy requirements.  The NICU PI first quarter revised to include actions to address the fall.  The 2 sided scales in the were replaced with all 4 scales.  Persons Responsible Clinical Nursing Directon NICU Interim Nurse Manage Monitoring Process Observational audits are by the charge nurse to eall infants in the NICU weighed on the appropriately the RN staff as requipolicy.  Audits are conducted twing Results of these audits reported to the NICU/Nur performance improvement audits will continue unt monitoring demonstrates compliance sustained ove then monitoring will be quarterly.	coresident of the seighing older than ghed over the new seport was taken seen of the new seen of the n	5-25-10 5-25-10 5-13-10 5-18-10 8-2010	

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A 288	5/4/10, showed the NICU representative reported in March, NICU PI report wood of a fall in the NICU of Nursing PI Report A notebook containinservices was reviat 1320 hours. Door staff received form scales for babies of in the notebook was instructing staff to babies weighing methan eight weeks of inservicing of staff months following the staff were verbally scale immediately stated, when the homoplaint regardin May, 2010, they determine the staff was initiated.  2. On 5/12/10, the Health initiated a concluded the allegativen to a NICU into During an interview 100 hours, she cowas fed breast milling in the nice of the staff was fed breast milling and the staff was fed breast milling was f	during the meeting dated committee reminded the re a fall in the NICU had been 2010. Action taken showed the ald be revised. The information J was added to the Department of.  In was added to the Department of the week with the CQO on 6/3/10 rementation showed nursing all inservicing on the use of n 5/3/10 and 5/10/10. Included a memo dated 5/3/10, use the four sided scale for one than 3 gms and/or more lid. When asked why was delayed for almost two he adverse event, she stated all reminded to use the four sided following the event. The CQO pospital received a formal g the event in the beginning of ecided to take further action. At a signs were placed on the remind staff not to use it for abies and inservicing of staff  California Department of Public complaint investigation which tion that wrong breast milk was	A	288			

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDIN	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
		050040	D. VVII	<u> </u>		06/0	8/2010
	ROVIDER OR SUPPLIER	CAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 288	Storage and Handli Own Infant dated 2 purpose of the policithe collection, stora milk to optimize nut protection while mir contamination or er upon transfer of breand before adminismust verify proper if the infant's name, or record number between the infant documented on the addition, breast mill admission/transfer they were properly Patient 1's medical 5/12/10 with the CO hour Nursing Flow expressed breast m CQO confirmed the show two licensed is label on the breast band of Patient 1 be baby at 1800 hours. A notebook contain inservices was revie at 1340 hours. Docistaff received forms storage, and handle on 5/6, 5/10, 5/19 a inservicing of staff verification.	ng of a Mother's Milk for Her /12/09, was reviewed. The cy was to provide guidelines for ge, and handling of breast ritional and immunological nimizing the chance of ror. Documentation showed east milk to feeding containers tration, two licensed personnel dentification, double checking late of birth and medical ween the original container band. This would be 24 hour nursing flow sheet. In k bottles would be accepted on from other hospitals provided labeled.  record was reviewed on 20. Review of the NICU 24 sheet dated 3/14/10, showed nilk was used for feedings. The re was no documentation to nurses double checked the milk container against the ID efore administration to the ling documentation of NICU ewed with the CQO on 6/3/10 umentation showed nursing at inservicing on the collection, ing of expressed breast milk and 5/24/10. When asked why was delayed for two months	A:	288	2. BREAST MILK MISADMINIS  Immediate/Permanent Correct The Clinical Nursing Direct sent a memo to all NICU nu staff reminding them of the requirements to co-sign th 24-hour Nursing Flow Sheet evidence their double chect the infant's correct breas  The Clinical Nursing Direct and Interim Nurse Manager created a log book to docureceipt of breast milk brown into the NICU and to ensure breast milk will be immediverified and labeled approvention  Policy: Collection Storage Handling of a Mother's Breat for her own Infant was reveto include requirements for properly labeling with preact hospital labels and a proceed for verification of the lawith the mother.  Persons Responsible Clinical Nursing Director Interim NICU Nurse Manager  Monitoring Process The charge nurse will revit log book entries each shift ensure completion. If the information is not complete, the Charge Nurse provide immediate feedback to the involved staff.  The charge nurse will cond open medical record review weekly to assess complianc the double signatures on t flow sheet immediately pri the administration of brea	ctive Act: ctor craining de ctor ctor ctor ctor ctor ctor ctor ctor	5-13-10 6-1-10 6-22-10
		se event, she stated the					

first. The nurse involved was verbally counseled immediately. The CQO stated when the hospital

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDIN	G	CONFECTED		
	050040	B. WING _			C 06/08/2010	
NAME OF PROVIDER OR SUPPLIER	CAL CENTER	1.	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE CYLMAR, CA 91342		MIN A CONTROL OF	
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
in the beginning of take further action. presented to the state of the NICU was review Maternal Child Number Review of the Marcerror in administration to an and reminder to all breast milk administration to a compliance.  Medical record revisor NICU Patients 424 hour Nursing Floring the months 2010, were reviewed show licensed nursing P&P by double chemilk container with See A405.  A 338 The hospital must staff that operates governing body and of medical care prohospital.  This CONDITION Based on observative review, the medical responsibility to the quality of medical care prohospital to the quality of medical care and the staff that operates governing body and	May, 2010, they decided to Formal inservicing was aff at that time.  The Improvement of the Emprovement of t	A 288	Auditing for each of these measures will continue as until 100% compliance has sustained for 2 months. A 2 months of sustained comp monitoring will be done quantity of the control of these measures will be done quantity.	such been After bliance		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		4	B. Wif		MILL CONTROL TO THE PARTY OF TH	1	0 .
		050040				06/0	8/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI	CAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE SYLMAR, CA 91342		
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A 338	Continued From pa	ge 11	Α:	338			
	communicate and regarding the capal having a communit	f failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the			A388  The organized medical staf is responsible for the qua of medical care provided		
	See A049, A288.  2. The medical staf appointments of apmedical staff had beconsistent with the of care. See tags A  3. The medical staf safety in the NICU inadequate coverage tags A049, A3  The cumulative efferesulted in the hosp	f failed to ensure patients due to inconsistent and ge by only one neonatologist.  47.  ect of these systemic problems bital's inability to ensure the			Specific corrective action relative to findings are p on the following additional page 12's.	rovided	
A 347	environment. 482.22(b) MEDICA The medical staff naccountable to the of the medical care  (1) The medical stamanner approved by the medical staff in the medica	health care in a safe  L STAFF ACCOUNTABILITY  must be well organized and governing body for the quality provided to the patients.  Iff must be organized in a by the governing body.  Itaff has an executive ity of the members of the doctors of medicine or	A	347			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050040	B. Wil	NG _		06/08/2010	
	ROVIDER OR SUPPLIER	CAL CENTER	4	14	EET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 338	Continued From pa	ige 11	A	338			
A 347	communicate and regarding the capa having a communit intermediate level of See A049, A288.  2. The medical star appointments of appointments of appendical staff had be consistent with the of care. See tags A  3. The medical star safety in the NICU inadequate covera See tags A049, A3  The cumulative effiresulted in the hosprovision of quality environment.  482.22(b) MEDICA  The medical staff raccountable to the of the medical care  (1) The medical staff raccountable to the of the medical care  (2) If the medical staff raccommittee, a major	ff failed to ensure patients due to inconsistent and ge by only one neonatologist.	A	347	approval as a CCS Communit for 6 months beginning Jul The Chief of Neonatology r a letter granting conditio approval as a CCS Communit for 6 months beginning Aug 16, 2010.  Persons Responsible: Interim Chief Medical Offi Chief of Neonatology	NICU at an me CCS ing for leted. ed an E OVMCS eria tor hired tified coverage natologis eccived nal y NICU y 1 2010. ecceived mal y NICU y 1 core coverage mat coverage natologis ecceived nal y NICU y 1 2010.	5-12-10  6-8-10 to 6-10-10  6-1-10  t 7-1-10
	osteopathy.	e doctors of medicine of			Assistant Hospital Adminis	trator	

Facility ID: CA060000038

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OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED		
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Findings:  1. The medical staff communicate and tregarding the capal having a communit intermediate level of See A049, A288.  2. The medical staff appointments of apmedical staff had beconsistent with the of care. See tags A  3. The medical staff safety in the NICU inadequate coverages are tags A049, A34.  The cumulative efferesulted in the host provision of quality environment.  482.22(b) MEDICA  The medical staff maccountable to the of the medical care.  (1) The medical staff maccountable to the of the medical staff manner approved by the	f failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the of care designated by CCS.  If failed to ensure that propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.  If failed to ensure patients due to inconsistent and ge by only one neonatologist.	A 3	47	Monitoring Process Monitoring of CCS Status a maintenance of CCS designa is the responsibility of the chief of Neonatology. The are requirements in the CC standards to provide report and data regularly regards standards compliance and neonatal outcomes. Once full, non-conditional approval is achieved, mone of compliance will be done the chief of Neonatology oversight by the Assistant Hospital Administrator.  Information related to the admission and transfer of babies is monitored daily by the Chief of Neonatology by the Chief of Neonatology  The control of	ation the ere CS tts ing l itoring e by with t	ongoing

Facility ID: CA060000038

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050040	B. WING_		1	B/2010
	ROVIDER OR SUPPLIER	CAL CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 338	Findings:  1. The medical staf communicate and regarding the capa having a communit intermediate level of See A049, A288.	f failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the of care designated by CCS.	A 338	A049 MEDICAL STAFF ACCOUNTABIL MEDICAL STAFF COVERAGE IN THE 1 The interim Medical Director h a board certified Chief of Neo	NICU ired natology	6-1-10 6-1-10
A 347	appointments of apmedical staff had be consistent with the of care. See tags A 3. The medical staff safety in the NICU inadequate coverage tags A049, A3. The cumulative effects of the medical staff resulted in the hosp provision of quality environment. 482.22(b) MEDICA. The medical staff raccountable to the of the medical care (1) The medical staff raccountable to the of the medical care (2) If the medical staff raccountable to the of the medical staff raccountable to the of the medical care (2) If the medical staff raccountable to the of the of the medical staff raccountable to the of th	propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.  If failed to ensure patients due to inconsistent and ge by only one neonatologist.	A 347	Board Certified Neonatologist provide coverage for the NICU, the board certified neonatolog already on staff. Additionally coverage is also provided by hospitalists and nurse practit who have been granted NICU priby the medical staff.  The Chief of Neonatology also arranged for board-certified/beligible pediatricians to provide coverage. There eight moonlighters available to provide coverage. All of whom been granted privileges by the Medical Staff Association.  The total complement of staffi available to provide coverage in the NICU is as follows: 7 Board Certified Neonatologis 8 Board Certified Pediatrician NICU privileges 3 Hospitalists with NICU privileges 3 Hospitalists with NICU privileges 2 hospitalists on for 7A-7P with a Neonatologist in house 1 hospitalist for 7P-7A with a Neonatologist on call.  There is always a Neonatologis call.	to who join ist y, NICU ioners vileges  ooard ide are now o have  ing sts ss with leges  for days	6-1-10 6-1-10 and ongoing

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER		V	STREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	2000/160	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 347	Findings:  1. The medical staff communicate and oregarding the capal having a communit intermediate level of See A049, A288.  2. The medical staff appointments of apmedical staff had be consistent with the of care. See tags A  3. The medical staff safety in the NICU inadequate coverage tags A049, A3  The cumulative efferesulted in the host provision of quality environment.  482.22(b) MEDICA  The medical staff in accountable to the of the medical care  (1) The medical staff in accountable to the of the medical staff in the medical staff in accountable to the of the medical staff in the medi	f failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the of care designated by CCS.  If failed to ensure that propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.  If failed to ensure patients due to inconsistent and ge by only one neonatologist.		3347	a monthly coverage schedul provides for appropriate 1 both in-house coverage by practitioner with NICU pri and on-call coverage by a certified neonatologists w fulfills the requirements Level III care.  PERSONS RESPONSIBLE Chief of Neonatology Medical Staff Office Professional Staff Associat (PSA) President  MONITORING PROCESS  On a monthly basis, the Chi Neonatology will review the schedule and verify that it posted on the hospital intr  If there are any deficienci he will notify the Chairman of Pediatrics, who, in turn will notify both the Chief officer and the President o the PSA. Actions will be tato correct any deficiencies This monitoring process will continue indefinitely.  The Nurse Manager of the NI be instructed to report any with the call schedule or p with physician availability chief or Associate Chief of the Chairman, Department of AND the President of the PS be responsible for independ investigating and reporting any problems. The NICU nur staff has been in-serviced	e that evel of a vileges board hich for  ion  ef of call is anet. es, Dept Medical f kent  CU will problems roblems to the Neonatol Pediatri A who wile ently sing on the	.ogy .cs
	committee, a major	taff has an executive ity of the members of the doctors of medicine or			role that the PSA President playing in this process.  The medical staff office months the credentialing and privious of the practitioners respon NICU coverage.	nitors leging	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		050040	B. WING		1	C 8/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI			STREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 338	Continued From pa	ge 11	A 33	2. CALL BOARD MANAGEMENT  Immediate/Permanent Correct Actions	tive	
	The medical stafe communicate and unregarding the capal having a community.	if failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the of care designated by CCS.		The interim Nurse Manager organized the white board the MD/NP provider names a contact information.  The Clinical Nursing Direct a memo to all NICU nursing instructing them on how to the NICU call schedule via OVMC intranet.	with all and ctor sent staff access	5-12-10 5-12-10
	appointments of ap medical staff had b	f failed to ensure that propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.		The change of shift hand-oprocess was revised to increview of the whiteboard a ensure that the white boar contains the correct names call staff.  Monthly printed "on-call"	clude and to rd s of on sheets ar	5-12-10 e
A 347	safety in the NICU inadequate coverage See tags A049, A3.  The cumulative efferesulted in the host provision of quality environment.	If failed to ensure patients due to inconsistent and ge by only one neonatologist. 47.  ect of these systemic problems bital's inability to ensure the health care in a safe	A 34	posted in the NICU assignment of the interim NICU Nurse Market instructed to report any posted the call schedule or with physician availability BOTH the Chief or Associate of Neonatology, the Chairrof Pediatrics AND the PSA who will be responsible for independently investigating reporting any problems. The nursing staff has been into the role that the PSA is playing in the monitor process.	nager was problems problems ty to te Chief man, Dept President or ng and he NICU -serviced president	5-12-10 9-17-10
	accountable to the of the medical care  (1) The medical stamanner approved to the medical stamanner approved	nust be well organized and governing body for the quality provided to the patients.  aff must be organized in a by the governing body.  Staff has an executive rity of the members of the edoctors of medicine or		NICU nurses were inservice mechanism for reporting the medical staff association problems with the call scheme persons Responsible NICU Nurse Manager Clinical Nursing Director PSA President Dept of Pediatrics Chairma Chief of Neonatology	nrough the , any nedule.	

Facility ID: CA060000038

	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		050040	B. WING		1	3/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI SUMMARY STA	CAL CENTER TEMENT OF DEFICIENCIES		REET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342 PROVIDER'S PLAN OF CORRECT		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 338	communicate and used and used are community intermediate level of See A049, A288.  2. The medical staff appointments of appression of appression and appression and appression a	failed in their responsibility to pdate the governing body bility of the NICU advertised as a level of care instead of the failed to ensure that propriate practitioners to the sen performed in a manner	A 338	Monitoring Process At each change of shift, the nurse reviews the white bosensure it contains the correct of providers. The charge nuco-sign the printed call shindicating they have read a verified who is on call.  Random observational monitor will be done by the Interim Manager and the Clinical Nur Director by observing 10 chashift hand offs.	ard to rect name: urses neet and ring Nurse	1 - 20 20
A 347	consistent with the I of care. See tags A3  3. The medical staff safety in the NICU of inadequate coverag See tags A049, A34  The cumulative efferesulted in the hosp provision of quality frenvironment.  482.22(b) MEDICAL  The medical staff maccountable to the gof the medical care of the medical staff manner approved by  (2) If the medical stacommittee, a majorities.	failed to ensure patients lue to inconsistent and e by only one neonatologist.  ct of these systemic problems ital's inability to ensure the nealth care in a safe.  STAFF ACCOUNTABILITY ust be well organized and toverning body for the quality provided to the patients.  f must be organized in a to the governing body.	A 347	The Chief of Neonatology.in monthly duty of preparing the coverage schedule will ensure call schedule is complete. A problems will be reported to the Chairman, Dept of Pediat This monitoring will be independent of the Nurse Manager, in his/heduties of ensuring that the Board correctly identifies to on call staff, will need to to the monthly NICU coverage schedule as posted on the infi the Nurse Manager finds a problems with the call schedule/she will notify the Chief Neonatology, the Chairman, Depediatrics, as well as the Peresident. This monitoring continue indefinitely.	re NICU re the any rics. efinite.  cr Call the refer tranet. my ule, of ept of SA	

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		050040	B. WING _		06/08	3/2010
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 347	Findings:  1. The medical state communicate and regarding the capa having a communit intermediate level of See A049, A288.  2. The medical state appointments of appointments of appedical staff had be consistent with the of care. See tags A3. The medical state safety in the NICU inadequate coverance See tags A049, A3.  The cumulative effiresulted in the hosprovision of quality environment.  482.22(b) MEDICA.  The medical staff reaccountable to the of the medical care.  (1) The medical staff reaccountable to the of the medical care.	ff failed in their responsibility to update the governing body bility of the NICU advertised as by level of care instead of the of care designated by CCS.  If failed to ensure that peropriate practitioners to the even performed in a manner hospital bylaws and standards 4347, A353.  If failed to ensure patients due to inconsistent and ge by only one neonatologist.	A 338	ACCIDENTAL SLIP OFF A SCALE Immediate/Permanent Corrective Actions  The Clinical Nursing Director revised Policy 512 Patient Saf Measures in the NICU to includ statement that any infant weig greater than 3000 grams or old 8 weeks of life must be weighe on the four sided scale. The RN involved received a wri confirmation of counseling let NICU staff were inserviced on policy requirements.  The NICU PI first quarter repor revised to include actions tak to address the fall.  The 2 sided scales in the were replaced with all 4 s scales.  Persons Responsible Clinical Nursing Director NICU Interim Nurse Manager Monitoring Process Observational audits are of by the charge nurse to ens all infants in the NICU ar weighed on the appropriate by the RN staff as require policy.  Audits are conducted twice Results of these audits ar reported to the NICU/Nursi performance improvement co Audits will continue until monitoring demonstrates 10 compliance sustained over then monitoring will be do quarterly.	ety e the hing ler than d  tten tter. the new  ort was ten  NICU ided  onducted ure that e d by  weekly eng mmittee  0% 2 months,	5-25-10 5-25-10 5-13-10 5-18-10 8-2010 6-1-10 and ongoing
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STATEMENT OF DEFICIENCIES

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PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

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		050040	B. WIN	B. WING			C 8/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI	CAL CENTER	1	14	EET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	communicate and used and a regarding the capath having a community intermediate level of See A049, A288.  2. The medical staff appointments of appredical staff had be consistent with the of care. See tags A  3. The medical staff safety in the NICU of inadequate coverage See tags A049, A34.  The cumulative efferesulted in the hosp provision of quality environment.  482.22(b) MEDICA.  The medical staff maccountable to the of the medical care.  (1) The medical staff manner approved by committee, a major.	f failed in their responsibility to update the governing body bility of the NICU advertised as a level of care instead of the force designated by CCS.  If failed to ensure that propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.  If failed to ensure patients due to inconsistent and ge by only one neonatologist.		3338	Immediate/Permanent Correct The Clinical Nursing Direct sent a memo to all NICU nur staff reminding them of the requirements to co-sign the 24-hour Nursing Flow Sheet evidence their double check the infant's correct breast The Clinical Nursing Direct and Interim Nurse Manager created a log book to docum receipt of breast milk brou into the NICU and to ensure breast milk will be immedia verified and labeled approp Policy: Collection Storage Handling of a Mother's Brea for her own Infant was revi to include requirements for properly labeling with pre- hospital labels and a proce for verification of the lab with the mother.  Persons Responsible Clinical Nursing Director Interim NICU Nurse Manager  Monitoring Process The charge nurse will reviet log book entries each shift ensure completion. If the information is not complete, the Charge Nurse provide immediate feedback to the involved staff.  The charge nurse will condu open medical record reviews weekly to assess compliance the double signatures on the flow sheet immediately pric the administration of breas	cor sing to to cof milk.  cor ment aght that ately be that ately be that ately be the composition of the com	5-13-10  6-1-10  6-15-10  and ongoing

(X2) MULTIPLE CONSTRUCTION

Facility ID: CA060000038

CENTER	S FUR WEDICARE	& WIEDICAID SERVICES				UNID NO.	0930-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
1 40(01)	VE VIEW-UCLA MEDI	ICAL CENTER		14	4445 OLIVE VIEW DRIVE		
LAUIULI	VE VIEW-UCLA MIEDI	ICAL CENTER	890	S	YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	20,000,000		(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
A 338	Continued From pa	ge 11	Α:	338	Auditing for each of these	3	
	Findings:				measures will continue as	such	
	4 999	7 5 - 11 - 1 to 11 - 1 15 1116 - 4 -	CAS   A BUILDING	been			
		if failed in their responsibility to update the governing body			sustained for 2 months. A	fter	
	communicate and update the governing body regarding the capability of the NICU advertised as having a community level of care instead of the intermediate level of care designated by CCS. See A049, A288.				2 months of sustained comp	liance	
					monitoring will be done qu	arterly.	
	See AU49, A288.						
×	appointments of ap	f failed to ensure that propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.					
	safety in the NICU	ff failed to ensure patients due to inconsistent and ge by only one neonatologist.					¥
A 347	resulted in the hosp provision of quality environment.	ect of these systemic problems bital's inability to ensure the health care in a safe	Α:	347			
	accountable to the	nust be well organized and governing body for the quality provided to the patients.					
		aff must be organized in a by the governing body.					
	committee, a major	staff has an executive rity of the members of the doctors of medicine or					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		050040	B. WIN	NG _		06/08/	2010
	ROVIDER OR SUPPLIER	CAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE SYLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF CROSS-REFERENCE)			(X5) COMPLETION DATE
A 338	Findings:  1. The medical staf communicate and uregarding the capal having a communit	f failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the	Α:	338	A 347 MEDICAL STAFF ACCOUNTA 1. CCS (California Children is not a regulatory body and of their downgrading the NIC intermediate level did not r lack of compliance with a re body. Immediate Corrective Actions CEO instructed NICU staff to babies requiring ventilators CCS community Level status w	n's Service d the resul CU to reflect a gulatory	5-12-10
	See A049, A288.  2. The medical staf appointments of apmedical staff had b consistent with the of care. See tags A  3. The medical staf safety in the NICU	f failed to ensure patients due to inconsistent and ge by only one neonatologist.			Permanent Corrective Action CCS conducted a survey to as NICU's compliance with crite to the different levels of CCS granted OVMC conditional as a CCS Community NICU for (6) months  The Governing Body was updat the status of the NICU's cur operational status and the cof medical care provided to patients at a meeting.	ssess the cria relate care. approval six ed on crent quality	6-10-10
A 347	resulted in the hosp provision of quality environment. 482.22(b) MEDICA The medical staff naccountable to the of the medical care  (1) The medical stamanner approved by the medical standard by the med	cet of these systemic problems bital's inability to ensure the health care in a safe  L STAFF ACCOUNTABILITY must be well organized and governing body for the quality provided to the patients.  If must be organized in a by the governing body.  Itaff has an executive ity of the members of the doctors of medicine or	Α:	347	Persons Responsible Interim Medical Director Chief of Neonatology Chief Executive Officer  Monitoring Process Monitoring of CCS status and maintenance of CCS designati the responsibility of the Ch Neonatology. There are requ in the CCS standards to prov reports and data regularly r standards compliance and neo outcomes.  Once full, non conditional a is achieved, monitoring of c will be done by the Chief of Neonatology with oversight h Assistant Hospital Administr Any changes in CCS status wi communicated to the Governin via the regularly scheduled meetings.	on is dief of direments ride regarding matal reproval compliance by the rator.	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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LAC/OLI	ROVIDER OR SUPPLIER VE VIEW-UCLA MED		ID.	1	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE SYLMAR, CA 91342 PROVIDER'S PLAN OF CORRECT	FION	0251
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A 338	Findings:  1. The medical state communicate and regarding the capa having a communitintermediate level of See A049, A288.  2. The medical state appointments of appointments of appointments of appointments of appointments with the of care. See tags A  3. The medical state safety in the NICU inadequate covera	of failed in their responsibility to supdate the governing body bility of the NICU advertised as by level of care instead of the of care designated by CCS.  If failed to ensure that propriate practitioners to the seen performed in a manner hospital bylaws and standards 1347, A353.  If failed to ensure patients due to inconsistent and ge by only one neonatologist.	A	338	2. NICU STAFF  Permanent Corrective Action The interim Chief Medical hired a chief of Neonatology h (5) additional NICU board of staff to address the staff needs of the NICU  The Medical Executive Commapproved the appointment of physicians.  There are now a total of si board certified neonatolog provide in house and on ca coverage, as mandated by t III status, who are assist hospitalists and nurse practitioners who have been	officer ogy  wired five certified sing  wittee of these seven (7) gists, who all the Level ted by 12	6-1-10 6-1-10 June/ July 2010
A 347	resulted in the hos provision of quality environment. 482.22(b) MEDICA The medical staff is accountable to the of the medical care  (1) The medical staff manner approved  (2) If the medical committee, a major	ect of these systemic problems pital's inability to ensure the health care in a safe  AL STAFF ACCOUNTABILITY must be well organized and governing body for the quality provided to the patients.  aff must be organized in a by the governing body.  staff has an executive rity of the members of the edoctors of medicine or	A		privileges by the Medical Staff Associate to provide coverage for the NICU.  Persons Responsible Chief of Neonatology Monitoring Process  The Chief of Neonatology completed monthly schedule includes coverage with boacertified or board eligible neonatology providers. The Medical Staff Associate continue to monitor that the appropriate number of staff are privileged to provide appropriate level of care.	ensures a e that ard le ce will the ff an	ongoing

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CIJA (X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION LIDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		050040	B. WIN	G	06/08/	2010
NAME OF PROVIDER OR SUPPLIER  LAC/OLIVE VIEW-UCLA MEDICAL CENTER		CAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ULD BE	(X5) COMPLETION DATE
A 338	Findings:  1. The medical staff communicate and used regarding the capath having a community intermediate level of See A049, A288.  2. The medical staff appointments of appredical staff had be consistent with the lof care. See tags A.  3. The medical staff safety in the NICU of inadequate coverage See tags A049, A34.  The cumulative effect resulted in the hosp provision of quality lenvironment.  482.22(b) MEDICAL  The medical staff maccountable to the gof the medical care.  (1) The medical staff manner approved by committee, a majorities.	f failed in their responsibility to applicate the governing body polity of the NICU advertised as a level of care instead of the frailed to ensure that propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.  If failed to ensure patients due to inconsistent and the by only one neonatologist.	A 34	38 3a/b. NICU COVERAGE Based on NNP2's assessment Neonatologist did not neoned for additional assist at the time of the call. Neonatologist noted he work come in if the NNP2 had such. NNP2 has been out medical leave since May:  The CT scan was requested morning and was ordered 3/15/10 by the day NNP. scan was ordered at 0857 performed at 9:19am and the preliminary report was endered at 12:42 pm.  Permanent Corrective Action The chief of Neonatology the schedule for the NICU ensure appropriate neonate physician and Nurse Practice oversight coverage. As of the NICU has adequate state coverage.  Monitoring Process The chief of Neonatology a completed monthly schedincludes coverage with be certified or board eligible neonatology providers. The will be monitored on a monthly basis. Any deficied will be brought to the at of the Chairman, Dept of who will also notify the President of the PSA as we the Chief Medical Officer	ed to onvey a stance The ould have requested of a 2010.  d "in the on The CT , the ntered  ions prepares J to cology citioner 6/1/10 affing  ensures dule that eard ole es chedule encies tention Pediatrics eell as	
	osteopathy.					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	TIPLE CONSTRUCTION DING	(X3) DATE SUR COMPLETE	
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A 338	Findings:  1. The medical state communicate and regarding the capa having a communit	if failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the of care designated by CCS.	A 33	3b. As above, the NNP2 convey the need for add assistance. This NNP2 on a medical leave.  Permanent Corrective Ac The NICU standard staff 2 hospitalists on for 7. Neonatology in house or 1 hospitalists on for 7 a Neonatologist on call available to come in.	itional continues tions ing is A-7P with on call P-7A with	6-1-10
A 347	appointments of apmedical staff had be consistent with the of care. See tags A  3. The medical states afety in the NICU inadequate coverase tags A049, A3  The cumulative efforces affective in the hosprovision of quality environment.	If failed to ensure patients due to inconsistent and ge by only one neonatologist.	A 34	Persons Responsible Chief of Neonatology  Monitoring Process The chief of Neonatolog a completed monthly sch that includes coverage above.  4. CALL SCHEDULES Permanent Corrective Acti The chief of Neonatology that call schedules are a on the intranet.  See A049 under Call Board for additional corrective actions applicable to thi	edule as defined ons ensures available d management e actions	6-1-10
A 341	The medical staff r accountable to the of the medical care  (1) The medical stamanner approved I  (2) If the medical scommittee, a majo	must be well organized and governing body for the quality provided to the patients.  aff must be organized in a by the governing body.  staff has an executive rity of the members of the edoctors of medicine or		Persons Responsible Chief of Neonatology Medical Executive Committe Monitoring Process The chief of Neonatology ensure that the call sche is posted at least 1 day to the end of the month  See A049 page 6 under Ca Board Management for add corrective actions appli to this tag.	will edule prior	9-15-10 and ongoing

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL\(\)A IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3)  A. BUILDING		(X3) DATE SUI COMPLET		
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A 338	Continued From pa	ge 11	Α:	338	A353 MEDICAL STAFF BYLAWS		
	communicate and u regarding the capal having a community	f failed in their responsibility to update the governing body bility of the NICU advertised as y level of care instead of the f care designated by CCS.			Permanent Corrective Actions Nurse Practitioner Ongoing Periodic Performance Evalu (OPPE) forms were approved Medical Executive Committee All Service chiefs were reminded of the	d nation d by the	6-25-10
	appointments of ap medical staff had be	f failed to ensure that propriate practitioners to the een performed in a manner hospital bylaws and standards 347, A353.			requirement to review 10 m practitioner charts as par the credentialing process. Persons Responsible Medical Executive Committee Credentials Committee	t of	6-26-10
	safety in the NICU	f failed to ensure patients due to inconsistent and se by only one neonatologist.			Monitoring Process At the end of June and Deceath year, the Medical Staffsends each department chai	f Office	ongoing
A 347	resulted in the hosp provision of quality environment. 482.22(b) MEDICAI	ect of these systemic problems ital's inability to ensure the health care in a safe  STAFF ACCOUNTABILITY east be well organized and	Α3	347	NP supervisor a request to provide results of the reviews for the previous some the results of these audit reviewed by Quality Manage added to the providers provided in the reappoint the reappoint to provide the providers provided the providers provided to the providers provided the provid	six months s are ment, ofile, atment	6
	accountable to the	governing body for the quality provided to the patients.			section of the credential This is part of the regula ongoing professional perfo evaluation process.	ır	
		ff must be organized in a y the governing body.			process.	1	
	committee, a majori	aff has an executive ity of the members of the doctors of medicine or					

PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION  A. BUILDING			IRVEY TED
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	ROVIDER OR SUPPLIER			14	EET ADDRESS, CITY, STATE, ZIP CODE 1445 OLIVE VIEW DRIVE YLMAR, CA 91342	00/00	3/2010
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A 347	conduct of the medonly to an individual osteopathy or, whe State in which the I dental surgery or dental staff failed the governing body operational status a being provided to incident of Patient medical staff when was allowed to cove no immediate neor in organization and potential harm whe provided to criticall an in-house neonal NICU personnel we Findings:  1. Per review of Guedition; co-authore Pediatrics and the and Gynecologists standard for perina neonatal care as L specialty and Leve of neonatal care as L specialty and Leve of neonatal care we Children's Services community and reget to the evaluation of health.	lity for organization and lical staff must be assigned all doctor of medicine or n permitted by State law of the nospital is located, a doctor of	A	347	A 347 MEDICAL STAFF ACCOUNTAGE  1. CCS (California Children' is not a regulatory body and of their downgrading the NICU intermediate level did not relack of compliance with a regulatory body.  Immediate Corrective Actions CEO instructed NICU staff to babies requiring ventilators CCS community Level status was Permanent Corrective Action CCS conducted a survey to ass NICU's compliance with criter to the different levels of cate to the status of the NICU's currective Action (6) months  The Governing Body was update the status of the NICU's currective operational status and the quof medical care provided to patients at a meeting.  Persons Responsible Interim Medical Director Chief of Neonatology Chief Executive Officer  Monitoring Process Monitoring of CCS designation the responsibility of the Chimonatology. There are required the responsibility of the Chimonatology. There are required to the CCS standards to prove the CCS standards to prove the CCS standards compliance and neonoutcomes.  Once full, non conditional and is achieved, monitoring of continuous compliance and neonoutcomes.  Once full, non conditional and is achieved, monitoring of continuous	s Services the result J to effect a gulatory  transfer until as restored sess the ria related are.  approval six  ed on rent uality its  on is ief of irements ide egarding natal  pproval ompliance y the ator.  ll be g Body	5-12-10

Facility 1D: CA060000038

#### PRINTED: 07/20/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 050040 06/08/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE LAC/OLIVE VIEW-UCLA MEDICAL CENTER SYLMAR, CA 91342 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 347 Continued From page 13 A 347 until the necessary transfer to a higher level of care. \* The Level II or specialty care nurseries could provide care to moderately ill infants with or without need for assisted ventilation for brief duration. At a hospital with a level II nursery, a board-certified pediatrician with subspecialty certification in neonatal-perinatal medicine should be chief of the neonatal care service. \* The Level III or subspecialty NICU should care for severe high risk infants with complex and critical illnesses. Other neonatologists who practice in the subspecialty NICU should have qualifications similar to the chief of the service (a board-certified pediatrician with subspecialty certification in neonatal-perinatal medicine). A neonatologist should be available for consultation 24 hours per day. A neonatologist should be in-house to manage neonatal emergencies. On 6/2/10, review of the hospital's website indicated that since 7/8/05, the hospital's NICU had been advertised as providing a community level of care. A memo written by an Assistant Hospital Administrator on 6/2/10 revealed on 9/14/09, the NICU Medical Director, a neonatologist, retired. On 9/15/09, a pediatrician who was board-eligible, not a board-certified neonatologist, became the Interim Medical Director for more than two months. On 11/21/09, a board-certified

Director.

neonatologist assumed the role of the Medical

On 6/2/10, review of a notification letter from CCS addressed to the former NICU Medical Director

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		TEMENT OF DEFICIENCIES	S	TREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342 PROVIDER'S PLAN OF CORRE		(X5)
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A 347	with a copy sent to 11/20/08, revealed for the hospital's NI changed to condition intermediate NICU. On 6/2/10 review of correspondence with present date showed comply with the CO the hospital's NICU. However, record refor in the NICU review to care for infants in care (Patients 1, 2, 2. Further review of schedule (3/10-5/10 review, revealed the board-certified neon schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the schedule with a perboard-eligible to be 5/30/10 and 5/31/10 coverage on the sched	the former CEO, dated that the provisional approval CU on a community level was an approval as an for a period of four months.  If the hospital's table of the CCS from 2005 to the ed that the hospital failed to a requirements downgrading to intermediate level.  View of 5 of 30 infants cared ealed that the NICU continued equiring level IIB to level III 4, 5, and 7).  If the neonatologist's NICU and personnel record to hospital's NICU had one natologist alternating a weekly diatrician who was a neonatologist. On 5/3/10, 10, there were no neonatologist wing one board-certified able for NICU consultation but st in-house on a st to manage neonatal	A 34	7 2. NICU STAFF Permanent Corrective Action The interim Chief Medical hired a chief of Neonatology Medical The chief of Neonatology Medical The chief of Neonatology Medical Staff to address the staff needs of the NICU The Medical Executive Commapproved the appointment of physicians.  There are now a total of suboard certified neonatology provide in house and on cacoverage, as mandated by the staff and nurse practitioners who have been privileges by the Medical Staff Associate to provide coverage for the NICU.  Persons Responsible Chief of Neonatology Monitoring Process  The Chief of Neonatology of completed monthly schedules	officer ogy  aired five certified fing  aittee of these seven (7) gists, who all the Level ted by 12 en granted e 24/7	6-1-10  6-1-10  June/ July 2010
	6/3/10 at 1330 hour coverage provided been helpful but his being the sole boars.  3. a. Per record rev	the NICU Medical Director on is, he stated that schedule by pediatrician hospitalists had a schedule remained tight d-certified neonatologist.  iew of Patient 2 on 6/2/10, the ram product of a 26 and 4/7		includes coverage with boat certified or board eligible neonatology providers.  The Medical Staff Associate continue to monitor that the appropriate number of staff are privileged to provide appropriate level of care.	e will the state of the state o	ongoing

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LAC/OLI	ME OF PROVIDER OR SUPPLIER  AC/OLIVE VIEW-UCLA MEDICAL CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342						
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A 347	week pregnancy with ventilation on and of On 11/30/09, the payment of the previous and reviewed skeles. Per notified. NNP2 examined reviewed skeles. Per NNP1's notes of slight bruising to right arm. Per NNP2 3/17/10, as a late eleboard-eligible neonal after the fall inciden been "fussy and crycrying was from paichanged." Howeverneonatologists campatient 2.  On 3/14/10, a CT so recommended by the discussion of the fall was ordered on a "right the brain was not do at 0932 hours. It should intracranial bleed but third ventricle of the previous studies.  On 6/3/10 at 0930 hasked why the neone examine Patient 2 of Her response was, "3. b. Additional documents."	no was on high frequency off from 8/10/09 until 12/8/09. Atient had a cardiac arrest of was placed on assisted 80/09. On 3/14/10, past 2000 of a fall incident while on a rurses notes, NNP2 was mined Patient 2 and ordered tal x-rays to rule out fracture.  On 3/15/10, Patient 2 sustained th eye, right forehead and 2's notes documented on mitry, the Medical Director and atologist were both notified t of 3/14/10. Patient 2 had ring unable to determine if n, wanting to be fed, held or r, neither one of the e to personally examine  can of the head was ne Medical Director, upon all incident with NNP2, which how" basis. The CT scan of one until the following morning owed no evidence of acute at widening of the lateral and brain remained as noted in  ours, the Interim CMO was natologist did not come in to on the night of the incident.	A	347	3a/b. NICU COVERAGE Based on NNP2's assessment Neonatologist did not need come in. NNP2 did not con need for additional assist at the time of the call. Neonatologist noted he wou come in if the NNP2 had re such. NNP2 has been out o medical leave since May 20 The CT scan was requested morning" and was ordered o 3/15/10 by the day NNP. T scan was ordered at 0857, performed at 9:19am and th preliminary report was ent at 12:42 pm.  Permanent Corrective Actio The chief of Neonatology p the schedule for the NICU ensure appropriate neonato physician and Nurse Practi oversight coverage. As of the NICU has adequate staf coverage.  Monitoring Process The chief of Neonatology es a completed monthly schedu includes coverage with boas certified or board eligible neonatology providers. The will be monitored on a monthly basis. Any deficies Will be brought to the atte of the Chairman, Dept of P who will also notify the President of the PSA as we the Chief Medical Officer	to vey a ance The ld have equested f a 10.  "in the he CT e ered  ns repares to logy tioner 6/1/10 fing  nsures le that rd e schedule ncies ention ediatrics	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:	(X2) MUL	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED  C 06/08/2010	
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	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CO 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342			
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A 347	NICU and Labor a deliveries and pote appropriate to prio their needs."  When the Interiminaterviewed on 6/3 that she was not a	that night for Newborn Nursery, and Delivery Unit for high risk ential admissions. I felt it was ritize patient care according to Chief Medical Officer was /10 at 0930 hours, she stated ware of the present operational I while holding the temporary	A 34	3b. As above, the NNP convey the need for a assistance. This NNP on a medical leave.  Permanent Corrective The NICU standard sta 2 hospitalists on for Neonatology in house 1 hospitalists on for a Neonatologist on ca available to come in.  Persons Responsible Chief of Neonatology	dditional 2 continues  Actions ffing is 7A-7P with or on call 7P-7A with ll and	6-1-10	
	NNP2 on 6/4/10 at	mpted twice to interview the t 1000 hours by phone. No seived before the exit ternoon.		Monitoring Process The chief of Neonatol a completed monthly s that includes coverag above.	chedule	ongoing	
	5/12/10 at 1120 ho of the NICU, the D Nurse Manager of at the nurses station board listed all the the NICU. There we to indicate who was their contact number would know who to stated the name of passed on at charman and the stated the stated the stated the name of the stated	rvation tour of the NICU on ours, with the Medical Director birector of Maternal Child, the NICU and RN 7, the call board on was observed. The call physicians and NPs working in was no information on the board as the physician or NP on-call or bers. When asked how staff to call in an emergency, RN 7 of the physician on-call was age of shift. When asked who		4. CALL SCHEDULES Permanent Corrective Ac The chief of Neonatolog that call schedules are on the intranet.  See A049 under Call Boa for additional correcti actions applicable to t  Persons Responsible Chief of Neonatology Medical Executive Commi Monitoring Process The chief of Neonatolog	gy ensures a available ard managementive actions this tag.	6-1-10 5-15-10 and	
A 353	was physician on- Maternal Child and unable to state. The call list was also of asked, the Director Manager of NICU aware the call schintranet.	call at this time, the Director of d the Nurse Manager were he Medical Director stated the in the hospital intranet. When or of Maternal Child, the Nurse and RN 7 stated they were not edules were available on the	A 35	ensure that the call so is posted at least 1 do to the end of the month.  See A049 page 6 under Board Management for a corrective actions app to this tag.	chedule ay prior n Call	ongoing	

Facility ID: CA060000038

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A 353	The medical staff in to carry out its responder to safety intermedical staff failed supervisory rules for resulted in the pote re-appointed to their Findings:  On 6/3/10 review of Nurse Practitioner for ongoing peer review of the carry	ge 17 nust adopt and enforce bylaws onsibilities. The bylaws must: s not met as evidenced by: view and record review, the to enforce it's physician or two of two NNPs. This initial for unqualified staff to be r advanced practice positions.  Page 10 of the hospital's Manual, 2009 revealed w would be conducted by the Physician by reviewing ten	A 38	Permanent Corrective Action Nurse Practitioner Ongoing Periodic Performance Evalua (OPPE) forms were approved Medical Executive Committee All Service chiefs were reminded of the requirement to review 10 m practitioner charts as part the credentialing process.  Persons Responsible Medical Executive Committee Credentials Committee Monitoring Process	by the	6-25-10
A 385	on 6/3/10, review of failed to show evided physicians reviewed by the two NNPs as evaluations.  On 6/3/10 at 1330 h Medical Director state progress notes on a of his responsibility reviews as part of the NNP. 482.23 NURSING STATE The hospital must his service that provide	ave an organized nursing s 24-hour nursing services. s must be furnished or	A 38	At the end of June and Dece each year, the Medical Staff sends each department chairs. NP supervisor a request to provide results of the reviews for the previous so the results of these auditareviewed by Quality Manager added to the providers provided in the reappoint section of the credential. This is part of the regular ongoing professional performances.	f Office r or  10 chart ix months s are ment, file, tment file. r	ongoing

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A BUILDING		TIPLE CONSTRUCTION (X3) DATE SUF- COMPLET						
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A 385	This CONDITION is Based on observation review and review of failed to ensure the services by failing to Findings:  1. Ensure nursing socare needs of their accepted standards hospital policy. See 2. Ensure the nursing preventative actions occurrences for two 3. Ensure packets of stored in a NICU local exposed to cross-convert found on the obstaff and visitors was these packets to convater coming from the cumulative effects of the c	is not met as evidenced by: on, interview, medical record of hospital P&P, the hospital organized delivery of nursing o: taff in the NICU evaluated the patients in accordance with s of nursing practice and per A395 and A405.  ng service implemented timely	A:	385	The hospital has an organ: nursing service that prov: 24 hour nursing services supervised by registered in The corrective actions for findings are contained on following page 19's.	ides nurses.		
	CARE A registered nurse rethe nursing care for	must supervise and evaluate each patient.						
	Based on interview, review of facility doo	s not met as evidenced by: medical record review and cuments, the hospital failed to dherance to the P&P for						

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(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 385	Based on observative review and review failed to ensure the services by failing.  Findings:  1. Ensure nursing care needs of their accepted standard hospital policy. See 2. Ensure the nurs preventative action occurrences for tw.  3. Ensure packets stored in a NICU kexposed to cross-were found on the staff and visitors w.	is not met as evidenced by: ion, interview, medical record of hospital P&P, the hospital e organized delivery of nursing to:  staff in the NICU evaluated the patients in accordance with s of nursing practice and per e A395 and A405.  ing service implemented timely as to prevent future to adverse events. See A288.  of breastmilk fortifier were tocation where it would not be contamination. The packets countertop by the sink where trash their hands, exposing	A 3	The Clinical No revised Policy Measures in the statement that greater than 3 8 weeks of lift on the four side of the NICU PI filter of the NICU PI filter of the NICU PI filter of the four side of the four side of the four side of the four side of the NICU PI filter	ursing Director 512 Patient Safety e NICU to include the any infant weighing 000 grams or older than e must be weighed ded scale. d received a written f counseling letter. e inserviced on the new ments.  rst quarter report was lude actions taken fall. scales in the NICU d with all 4 sided	5-25-10 5-25-10 5-13-10 5-18-10 8-2010	
A 395	these packets to cowater coming from The cumulative efficient resulted in the hosprovision of quality environment. 482.23(b)(3) RN SCARE A registered nurse the nursing care for This STANDARD Based on interview	ontamination by the splashing the sink. See A749 #3.  fect of these systemic problems spital's inability to ensure the vihealth care in a safe SUPERVISION OF NURSING a must supervise and evaluate	A 3	Monitoring Pobservational by the chargall infants weighed on the by the RN standard control of the control of t	rocess l audits are conducted e nurse to ensure that in the NICU are he appropriate scale aff as required by	6-1-10 and ongoing	

Facility ID: CA060000038

ensure consistent adherance to the P&P for

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		3	COMPLE	
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A 395	This CONDITION Based on observative review and review of failed to ensure the services by failing to Findings:  1. Ensure nursing secare needs of their accepted standards hospital policy. See 2. Ensure the nursipreventative action occurrences for two 3. Ensure packets stored in a NICU for exposed to crossowere found on the staff and visitors were found on the staff and visitors with the exposed to crossowere found on the staff and visitors with the packets to consider the cumulative efficient of quality environment.  482.23(b)(3) RN SCARE  A registered nurse the nursing care for the service of the s	is not met as evidenced by: ion, interview, medical record of hospital P&P, the hospital e organized delivery of nursing o:  staff in the NICU evaluated the patients in accordance with s of nursing practice and per e A395 and A405.  Ing service implemented timely s to prevent future o adverse events. See A288.  of breastmilk fortifier were ocation where it would not be contamination. The packets countertop by the sink where ash their hands, exposing ontamination by the splashing the sink. See A749 #3.  lect of these systemic problems pital's inability to ensure the health care in a safe  UPERVISION OF NURSING  must supervise and evaluate or each patient.		395	2. BREAST MILK MISADMINIS  Immediate/Permanent Correct The Clinical Nursing Direct sent a memo to all NICU nu staff reminding them of the requirements to co-sign the 24-hour Nursing Flow Sheet evidence their double chect the infant's correct brease  The Clinical Nursing Direct and Interim Nurse Manager created a log book to docu receipt of breast milk brown into the NICU and to ensure breast milk will be immediated verified and labeled approve  Policy: Collection Storage Handling of a Mother's Brown for her own Infant was rest to include requirements for properly labeling with properly labeling labeling with properly labeling labeling with properly labeling	ctive Active Active Incompared to the control of th	5-13-10 6-1-10 6-22-10
	Based on interview review of facility do	is not met as evidenced by:  v, medical record review and becuments, the hospital failed to adherance to the P&P for					

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A 385	This CONDITION Based on observat review and review failed to ensure the services by failing to Findings:  1. Ensure nursing so care needs of their accepted standard hospital policy. See 2. Ensure the nursi preventative action occurrences for two 3. Ensure packets stored in a NICU to exposed to cross-owere found on the staff and visitors w these packets to co	is not met as evidenced by: ion, interview, medical record of hospital P&P, the hospital e organized delivery of nursing to: staff in the NICU evaluated the patients in accordance with s of nursing practice and per e A395 and A405.	A:	385	Auditing for each of these measures will continue as until 100% compliance has sustained for 2 months. A 2 months of sustained comp monitoring will be done questions.	such been After pliance	
A 395	resulted in the hos provision of quality environment.	ect of these systemic problems pital's inability to ensure the health care in a safe	A	395		а	
	the nursing care for This STANDARD Based on interview review of facility do	must supervise and evaluate r each patient.  is not met as evidenced by: r, medical record review and cuments, the hospital failed to adherance to the P&P for					

Facility ID: CA060000038

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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Management and a second	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI	CAL CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 1445 OLIVE VIEW DRIVE YLMAR, CA 91342		
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A 385	This CONDITION Based on observati review and review of failed to ensure the services by failing to Findings:  1. Ensure nursing s	is not met as evidenced by: ion, interview, medical record of hospital P&P, the hospital organized delivery of nursing	A	385	BREAST MILK MISADMINISTRATION IT See also corrective actions unde Immediate/Permanent Corrective A The Clinical Nursing Director se to all NICU nursing staff remind of the requirements to co-sign t Nursing Flow Sheet to evidence t double check of the infant's corbreast milk.	er A288 Actions ent a memo Ring them the 24-hour	5-12-10
	accepted standards hospital policy. See 2. Ensure the nursi preventative action	s of nursing practice and per A395 and A405. ng service implemented timely			The Clinical Nursing Director an Nurse Manager created a log book document receipt of breast milk into the NICU and to ensure that milk will be immediately verified labeled appropriately	brought breast	6-1-10
A 395	stored in a NICU lo exposed to cross-c were found on the staff and visitors we these packets to cowater coming from The cumulative efferesulted in the hosp provision of quality environment.  482.23(b)(3) RN St CARE  A registered nurse the nursing care for This STANDARD is Based on interview review of facility do	of breastmilk fortifier were cation where it would not be ontamination. The packets countertop by the sink where ash their hands, exposing ontamination by the splashing the sink. See A749 #3.  Lect of these systemic problems bital's inability to ensure the health care in a safe  UPERVISION OF NURSING  must supervise and evaluate reach patient.  Is not met as evidenced by:  It medical record review and cuments, the hospital failed to adherance to the P&P for	Α:	395	Persons Responsible Clinical Nursing Director Interim NICU Nurse Manager  Monitoring Process The charge nurse will review the entries each shift to ensure com If the information is not comple Charge Nurse will provide immedifiedback to the involved staff.  The charge nurse will conduct or record reviews to assess compliate the double signatures on the NICO sheet immediately prior to the administration of breast milk.  Auditing for each of these measus continue until 100% compliance he sustained for 2 months. Then monwill be done quarterly.	mpletion. ete, the iate  pen medical ance with cu flow  pres will has been	6-15-10 and ongoing

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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A 385	Continued From pa	ige 18	Α:	385	10		
*	Based on observat	is not met as evidenced by: ion, interview, medical record of hospital P&P, the hospital organized delivery of nursing to:					
	Findings:	*			•		
	care needs of their	staff in the NICU evaluated the patients in accordance with s of nursing practice and per A395 and A405.					
	preventative action	ng service implemented timely s to prevent future adverse events. See A288.			٠		
	2 Engura pookate	of breastmilk fortifier were			Immediate Corrective Actio		1
	stored in a NICU lo	cation where it would not be			Breast Milk fortifier is n	200	
	exposed to cross-c	ontamination. The packets			kept on the counter by the		
	staff and visitors withese packets to co	countertop by the sink where ash their hands, exposing ontamination by the splashing the sink. See A749 #3.			It is now kept at the pati	ent's	6-3-10
	The cumulative off	ect of these systemic problems			Persons Responsible		1
	resulted in the hosp	pital's inability to ensure the			NICU Interim Nurse Manager		1
	provision of quality environment.	health care in a safe			Infection Control		1
A 395		UPERVISION OF NURSING	Α.	395			
	CARE				Monitoring Process		
	A registered nurse	must supervise and evaluate			Infection Control conducts	;	5-10 &
	the nursing care fo				unannounced Environmental	Rounds	9-15-10
	This STANDARD	is not met as evidenced by:			in the NICU weekly. Any i	.nstance	and
	Based on interview	, medical record review and			of non-compliance is immed	liately	ongoing
	review of facility do	cuments, the hospital failed to adherance to the P&P for			addressed with the Nurse M	lanager.	

STATEMENT AND PLAN O	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUING PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUING (X2) MULTIPLE CONSTRUING (X3) MULTIPLE CONSTRUING (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUING (X5) MULTIPLE CONSTRUING (X6) MULTIPLE CONSTRUING (X7) MULTIPLE CONS			COMPLETED			
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A 395	expressed breast of the second service of the second service of the second seco	milk administration for eight of its (Patients 1, 4, 6, 13, 16, 23, resulted in Patient 1 receiving milk from a mother not his own. It is not patient 1 and the other one exposed to infectious. Hepatitis B and HIV. One of 30 was able to push himself off a life the nurse caring for him was plete another task, sustaining and (Patient #2) The failure to to prevent recurrence placed all risk for falls.  California Department of Public is onsite complaint investigation a allegation a NICU patient was scale onto the floor during	A	395	ACCIDENTAL SLIP OFF A SCALE Immediate/Permanent Corrections  The Clinical Nursing Director revised Policy 512 Patient of Measures in the NICU to inconstatement that any infant we greater than 3000 grams or 8 weeks of life must be well on the four sided scale. The RN involved received a confirmation of counseling NICU staff were inserviced policy requirements.  The NICU PI first quarter revised to include actions to address the fall.  The 2 sided scales in the were replaced with all a scales.  Persons Responsible	Safety lude the eighing older than ghed written letter. on the new eport was taken	5-25-10 5-25-10 5-13-10 5-18-10 8-2010
	of the incident and caught from an ad 3/14/10. A photog showed raised side scale front and be flat and open. The medical reco 5/12/10 at 1515 h Review of the NIO NNP dated 3/15/217 days and weil 15 pounds).	w with the CQO on 5/12/10 at provided an investigation report d confirmed Patient 2 was ecidental slip off a scale on graph of the scale involved des covering the length of the ack. The ends of the scale were a scale sat a top a metal cart.			Persons Responsible Clinical Nursing Director NICU Interim Nurse Manage Monitoring Process Observational audits are by the charge nurse to all infants in the NICU weighed on the appropria by the RN staff as require policy.  Audits are conducted two Results of these audits reported to the NICU/Nur performance improvement Audits will continue un monitoring demonstrates compliance sustained over then monitoring will be quarterly.	e conducted ensure that are ate scale ired by ice weekly are rsing committee til 100% er 2 months	6-1-10 and ongoin

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	ROVIDER OR SUPPLIER	ICAL CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 1445 OLIVE VIEW DRIVE YLMAR, CA 91342		
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A 395	3/14/10 at 2000 ho Patient 2 was bath "The bed linens we scale #3, one hand tucking the sheet of the infant gave one the floor. Was una grasping legs and actually touched floor was una grasping legs and actually touched floor entry on 3/17/10, so following the fall or revealed Patient 2 eye and the right learn in length bruise x-ray and a CT scar The patient's disch day, would be delay, would be delay, would be delay buring a follow up 5/12/10 at 1515 ho been placed on the used for larger infastiged scale was at those babies over eight weeks old. If done formally to en on larger infants.  2. On 5/12/10, the Storage and Hand Own Infant dated 2 purpose of the polithe collection, stormilk to optimize no protection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the polithe collection while me contamination or entry the storage and the s	ours, showed documentation led, weighed and redressed. The changed with the infant on the infant and one hand underneath the mattress, when the big push and began falling to ble to break part of the fall by buttocks. Upper back area foor."  Our progress note, dated as a late showed an examination and alight bruising to the right ateral forehead, and a small 0.5 to the right arm. A full body an of the head were ordered, harge, planned for the following hard for one to two days.  Interview with the CQO on ours, she stated signs had now the two sided scale "not to be ants". The CQO stated a four vailable and was to be used for 3000 gms and/or more than or one to this, nothing had been insure the scale was not used	A3	895	Immediate/Permanent Corr The Clinical Nursing Dir sent a memo to all NICU staff reminding them of requirements to co-sign 24-hour Nursing Flow She evidence their double ch the infant's correct bre The Clinical Nursing Dir and Interim Nurse Manage created a log book to do receipt of breast milk b into the NICU and to ens breast milk will be imme verified and labeled app  Policy: Collection Stora Handling of a Mother's B for her own Infant was r to include requirements properly labeling with p hospital labels and a pr for verification of the with the mother.  Persons Responsible Clinical Nursing Directo Interim NICU Nurse Manag  Monitoring Process The charge nurse will re log book entries each sh ensure completion. If the information is no complete, the Charge Nur provide immediate feedba to the involved staff.  The charge nurse will co open medical record revi- weekly to assess complicat the double signatures on flow sheet immediately p the administration of bre	ective Act ector nursing the the et to eck of ast milk. ector r cument rought ure that diately ropriately ge and reastmilk evised for re-printe ocess labels  r er  view the ift to t se will ck  nduct ews twice nce with the NICU rior to	5-13-10  6-1-10  6-22-10  d  6-15-10  and ongoing

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
		050040	B. WIN	NG		1	8/2010
	ROVIDER OR SUPPLIER	CAL CENTER	¥	14	EET ADDRESS, CITY, STATE, ZIP CODE 1445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	(TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 395	3/14/10 at 2000 ho Patient 2 was bathe "The bed linens we scale #3, one hand tucking the sheet us the infant gave one the floor. Was unal grasping legs and lactually touched floor revealed Patient 2 eye and the right is cm in length bruise x-ray and a CT scatch action of the patient's disch day, would be delated buring a follow up 5/12/10 at 1515 ho been placed on the used for larger infa sided scale was any those babies over eight weeks old. Proposed formally to error larger infants.  2. On 5/12/10, the	urs, showed documentation ed, weighed and redressed. re changed with the infant on on the infant and one hand inderneath the mattress, when big push and began falling to ble to break part of the fall by outtocks. Upper back area for."  progress note, dated as a late howed an examination had slight bruising to the right ateral forehead, and a small 0.5 to the right arm. A full body in of the head were ordered, arge, planned for the following yed for one to two days.  interview with the CQO on urs, she stated signs had now two sided scale "not to be unts". The CQO stated a four railable and was to be used for 3000 gms and/or more than the scale was not used thospital's P&P, Collection,	A:	395	Auditing for each of the measures will continue until 100% compliance he sustained for 2 months.  2 months of sustained compliance monitoring will be done	as such as been After ompliance	
	Storage and Handle Own Infant dated 2 purpose of the polithe collection, storagilar to optimize nu protection while mis contamination or e	ling of a Mother's Milk for Her 2/12/09, was reviewed. The cy was to provide guidelines for age, and handling of breast tritional and immunological nimizing the chance of rror. Documentation showed east milk to feeding containers					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SL COMPLE	
		050040	B. WIN	1G_			C B/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI	CAL CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 395	and before administ must verify proper in the infant's name, or record number between label and the infant documented on the addition, breast mill admission/transfer they were properly  a. On 5/12/10, the or Health initiated a concluded the allegated given to a NICU information of the investment of	tration, two licensed personnel dentification, double checking date of birth and medical ween the original container band. This would be 24 hour nursing flow sheet. In a bottles would be accepted on from other hospitals provided labeled.  California Department of Public omplaint investigation which ion that wrong breast milk was ant.  With the CQO on 5/12/10 at infirmed Patient 1 was fed to that was not from the stigation Report revealed transferred from an outside, along with several containers in the labels were applied to the labels was from a different of the labels was from a different record was reviewed on labels was from a different record was reviewed on labels was from a different record was reviewed on labels was from a different record was reviewed on labels was no documentation to hurses double checked the milk container against the ID defore administration to the			Immediate/Permanent Correct The Clinical Nursing Direct sent a memo to all NICU nu staff reminding them of th requirements to co-sign th 24-hour Nursing Flow Sheet evidence their double chect the infant's correct breas The Clinical Nursing Direct and Interim Nurse Manager created a log book to docu receipt of breast milk bro into the NICU and to ensur breast milk will be immedi verified and labeled appro Policy: Collection Storage Handling of a Mother's Bre for her own Infant was rev to include requirements for properly labeling with pre hospital labels and a proc for verification of the la with the mother.  Persons Responsible Clinical Nursing Director Interim NICU Nurse Manager Monitoring Process The charge nurse will rev: log book entries each shi: ensure completion. If the information is not complete, the Charge Nurse provide immediate feedback to the involved staff.  The charge nurse will com open medical record review weekly to assess compliant the double signatures on flow sheet immediately pr the administration of bre	tive Action resing to the too to too too too too too too too too	5-13-10  6-1-10  6-15-10  and  ongoing

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING		COMPLETE	
		050040	B. WI	NG_		06/08/	2010
	ROVIDER OR SUPPLIER	ICAL CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 1446 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DESIGIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPOPULATION OF CORRECTIVE ACTION SHOULD BE APPOPULATED TO THE APPOPULATION OF CORRECTIVE ACTION OF CORRE			ULD BE	(X5) COMPLETION DATE
A 395	and before adminismust verify proper the infant's name, record number bet label and the infant documented on the addition, breast mi admission/transfer they were properly a. On 5/12/10, the Health initiated a cincluded the allegagiven to a NICU in During an interview 1100 hours, she cobreast milk on 3/4/patient's mother.  Review of the Inversity of breast milk. At the NICU, new hospital on 2/17/1 of breast milk. At the NICU, new hospital containers of milk approximately 190 milk used at that formother.  Patient 1's medica 5/12/10 with the Chour Nursing Flow expressed breast CQO confirmed the show two licensed label on the breast band of Patient 1	stration, two licensed personnel identification, double checking date of birth and medical ween the original container to band. This would be a 24 hour nursing flow sheet. In lik bottles would be accepted on from other hospitals provided labeled.  California Department of Public complaint investigation which ation that wrong breast milk was fant.  W with the CQO on 5/12/10 at confirmed Patient 1 was fed who that was not from the destigation Report revealed in transferred from an outside on, along with several containers the time of admission to the deal labels were applied to the by the nurse. On 3/4/10 at 20 hours, it was noted the breast deeding was from a different del record was reviewed on a cQO. Review of the NICU 24 who sheet dated 3/14/10, showed milk was used for feedings. The nere was no documentation to dinurses double checked the stimilk container against the ID before administration to the		395	Auditing for each of the measures will continue a until 100% compliance has sustained for 2 months.  2 months of sustained commonitoring will be done	s such as been After ampliance	
	show two licensed	I nurses double checked the it milk container against the ID before administration to the					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETED					
		050040	B. Wif	NG_		06/08/2	2010		
(HA)(HA)(HA)	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE AP DEFICIENCY)		OULD BE	(X5) OMPLETION DATE		
A 395	reviewed on 6/3/1 NICU 24 hour Nu 3/16/10 the patier breast milk via a hours. There was licensed nurses of breast milk conta Patient 25 before  c. The medical re reviewed on 6/3/1 NICU 24 hour Nu following: 4/18/10 0200, and 0500 h 0300 and 0600 h 1400, 1700, and 2345, 0230, and documentation to checked the labe against the ID ba administration to d. The medical re on 6/3/10 at 0845 hour Nursing Flot 5/9/10, showed th expressed breas 2300, and 0200 h no documentation double checked to container against administration to e. Review of the began on 6/3/10, hour Nursing Flot hour Nursing Flot of the began on 6/3/10, hour Nursing Flot	cord for Patient 25 was 0 at 1235 hours. Review of the rsing Flow Sheets showed on at was administered expressed bottle at 0700, 1300 and 1500 and documented evidence two louble checked the label on the iner against the ID band of administration to the baby.  cord for Patient 13 was 10 at 1235 hours. Review of the rsing Flow Sheets showed the 20 at 0800, 1100, 2000, 2300, 100rs; 4/20/10 at 2100, 0000, 100rs; 4/20/10 at 2100, 0000, 100rs; 4/20/10 at 0800, 1100, 100600 hours; and 4/25/10 at 10530 hours did not show wo licensed nurses double I on the breast milk container and of Patient 13 before the baby.  second for Patient 4 was reviewed to hours. Review of the NICU 24 w Sheets dated 5/8/10 and the patient was administered at milk via stomach tube at 2000, hours on both days. There was an to show two licensed nurses the label on the breast milk the ID band of Patient 4 before the baby.  medical record for Patient 23 and showed on the NICU 24 w sheets documentation of Feeding episodes reviewed.		395	Immediate/Permanent Corr The Clinical Nursing Dirsent a memo to all NICU staff reminding them of requirements to co-sign 24-hour Nursing Flow She evidence their double che infant's correct breather infant infant was a correctly and labeled approperly collection Store Handling of a Mother's for her own Infant was a conclude requirements broperly labeling with hospital labels and a properly labeling with hospital labels and a properly labeling with the with the mother.  Persons Responsible Clinical Nursing Direct Interim NICU Nurse Mana Monitoring Process The charge nurse will response to the information is not complete, the Charge Nuprovide immediate feedby to the involved staff.  The charge nurse will copen medical record reviewekly to assess compliting double signatures of flow sheet immediately the administration of breather immediately the administration of breather incomplete.	rective Act: rector nursing the the eet to neck of east milk. rector er coument brought sure that ediately propriately age and Breastmilk revised for pre-printed rocess labels  or ger  eview the hift to  ot rse will ack  conduct riews twice ance with on the NICU prior to preast milk	5-13-10  6-1-10  6-22-10  and ongoing		
EODM CMS.	567(02-99) Previous Versi	ons Obsolete Event ID: 11IQ11		Fa	acility ID: CA060000038 If conti	nuation sheet Pa	ge 23 of 36		

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION  G	COMPLE	TED
		050040	IS MING			C B/2010	
	ROVIDER OR SUPPLIER VE VIEW-UCLA MED	CAL CENTER		1	EET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 395	b. The medical record for Patient 25 was reviewed on 6/3/10 at 1235 hours. Review of the NICU 24 hour Nursing Flow Sheets showed on 3/16/10 the patient was administered expressed breast milk via a bottle at 0700, 1300 and 1500 hours. There was no documented evidence two licensed nurses double checked the label on the breast milk container against the ID band of Patient 25 before administration to the baby.  c. The medical record for Patient 13 was reviewed on 6/3/10 at 1235 hours. Review of the NICU 24 hour Nursing Flow Sheets showed the following: 4/18/10 at 0800, 1100, 2000, 2300, 0200, and 0500 hours; 4/20/10 at 2100, 0000, 0300 and 0600 hours; 4/21/10 at 0800, 1100, 1400, 1700, and 0600 hours; and 4/25/10 at 2345, 0230, and 0530 hours did not show				Auditing for each of the measures will continue a until 100% compliance has sustained for 2 months.  2 months of sustained commonitoring will be done	s such s been After mpliance	
	documentation two checked the label of against the ID band administration to the d. The medical recon 6/3/10 at 0845 hour Nursing Flow 5/9/10, showed the expressed breast in 2300, and 0200 hour of documentation double checked the container against the distribution to the expression to the expression to the container against the distribution to the expression of 6/3/10, a hour Nursing Flow	licensed nurses double on the breast milk container of of Patient 13 before the baby.  ord for Patient 4 was reviewed nours. Review of the NICU 24 Sheets dated 5/8/10 and apatient was administered milk via stomach tube at 2000, the show two licensed nurses the label on the breast milk the ID band of Patient 4 before					

Facility ID: CA060000038

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DA A. BUILDING			
		050040		B. WING C 06/08/2			2010
	PROVIDER OR SUPPLIER	CAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342	00/00/2	2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE C	(X5) COMPLETION DATE
A 395	included expressed signature verification for two dated 3/15/10, show verification for one dated 3/20/10, show verification for one dated 4/4/10, show for seven feedings. 4/16/10, showed no co-signated feedings. Feeding showed no co-signated feeding episodes. Fincluded expressed signatures by nursidated 3/4/10, show for two feedings. Feeding showed no co-signated feeding.	breast milk requiring two on by nursing staff. Feeding 1/10, showed no co-signature feedings. Feeding episodes wed no co-signature feeding. Feeding episodes wed no co-signature feeding. Feeding episodes wed no co-signature feeding. Feeding episodes ed no co-signature verification Feeding episodes dated o co-signature for four episodes dated 4/19/10, ature by nursing staff for eight  dical record for Patient 6 and showed on the NICU 24 Sheets documentation of Feeding episodes reviewed I breast milk requiring two ang staff. Feeding episodes ed no cosignature verification eeding episodes dated 3/9/10, ature verification for two episodes dated 5/10/10, ature verification for one  medical record for Patient 28 and showed on the NICU 24 Sheets documentation of feeding episodes reviewed I breast milk requiring two and showed on the NICU 24 Sheets documentation of feeding episodes reviewed I breast milk requiring two and staff. Feeding episodes wed no co-signature	A	395	2. BREAST MILK MISADMIN Immediate/Permanent Corr The Clinical Nursing Dir sent a memo to all NICU staff reminding them of requirements to co-sign 24-hour Nursing Flow She evidence their double ch the infant's correct bre The Clinical Nursing Dir and Interim Nurse Manage created a log book to do receipt of breast milk b into the NICU and to ens breast milk will be imme verified and labeled app  Policy: Collection Stora Handling of a Mother's B for her own Infant was r to include requirements properly labeling with p hospital labels and a pr for verification of the with the mother.  Persons Responsible Clinical Nursing Directo Interim NICU Nurse Manag Monitoring Process The charge nurse will re log book entries each sh ensure completion. If the information is no complete, the Charge Nur provide immediate feedba to the involved staff.  The charge nurse will co open medical record revi weekly to assess complia the double signatures on flow sheet immediately p the administration of br	ective Act ector nursing the the et to eck of ast milk.  ector r r cument cument cument diately ropriately ge and reastmilk revised for re-printed recess labels  er eview the eff to oct true eview the eff to oct conduct co	5-13-10  6-1-10  6-15-10  and ongoing

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
84	2	050040	B. WI	4G		06/08	B/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI	CAL CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 395	included expressed signature verification for two dated 3/15/10, show verification for one dated 3/20/10, show verification for one dated 4/4/10, show for seven feedings. 4/16/10, showed no feedings. Feeding showed no co-sign feedings.  f. Review of the me began on 6/3/10, a hour Nursing Flow feeding episodes. Included expressed signatures by nursing feedings. Fee	In breast milk requiring two on by nursing staff. Feeding 1/10, showed no co-signature feedings. Feeding episodes wed no co-signature feeding. Feeding episodes wed no co-signature feeding. Feeding episodes wed no co-signature verification. Feeding episodes dated to co-signature for four episodes dated to co-signature for four episodes dated 4/19/10, ature by nursing staff for eight edical record for Patient 6 and showed on the NICU 24 Sheets documentation of Feeding episodes reviewed to breast milk requiring two fing staff. Feeding episodes dated 3/9/10, eature verification for two episodes dated 3/12/10, eature verification for three episodes dated 5/10/10, eature verification for one medical record for Patient 28 and showed on the NICU 24 Sheets documentation of Feeding episodes reviewed do breast milk requiring two ing staff. Feeding episodes eved no co-signature	A	395	Auditing for each of the measures will continue a until 100% compliance has sustained for 2 months.  2 months of sustained componitoring will be done	s such s been After empliance	

included expressed breast milk requiring two signatures by nursing staff. Feeding episodes dated 5/2/10, showed no co-signature verification for three feedings.  A 405  A 405  A 482.23(c)(1) ADMINISTRATION OF DRUGS  All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.  This STANDARD is not met as evidenced by: Based on interview, medical record review and review of facility documents, the hospital failed to ensure nursing staff in the NICU followed the P&F for the handling and identification of expressed mother's breast milk prior to it's administration for eight of 30 sampled patients (Patients 1, 4, 6, 13, 16, 23, 25, 28). This resulted in Patient 1 and the seven other patients to be exposed to infectious diseases such as Hepatitis B and HIV.  Findings:  The hospital's P&P, Collection, Storage and Handling of a Mother's Milk for Her Own Infant dated 21/2/09, was reviewed. The purpose of the policy was to provide guidelines for the collection, of the administration of breast milk.  A 405  A 405  A 405  A 405  The Clinical Nursing Director and Interial Nurse Manager created a log book to document receipt of breast milk brought into the NICU and to ensure that breast milk will be immediately verified and labeled appropriately verified and		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION  G	(X3) DATE SUR COMPLETE	
A 395  A 396  Continued From page 24 hour Nursing Flow Sheets documentation of feeding episodes. Feeding episodes reviewed included expressed breast milk requiring two signatures by nursing staff. Feeding episodes dated 5/2/10, showed no co-signature verification for three feedings.  A 405  A 405  A 405  A 406  A 407  This STANDARD is not met as evidenced by. Based on interview, medical record review and procedures.  This STANDARD is not met as evidenced by. Based on interview, medical record review and review of facility documents, the hospital falled to ensure nursing staff in the NICU followed the P&P for the handling and identification of eight of 30 sampled patients (Patients 1 and the seven other patients to be exposed to infectious diseases such as Hepatitis B and HIV.  Findings:  The hospital's P&P, Collection, Storage and Handling of a Mother's Milk for Her Own Infant dated 2/12/09, was reviewed. The purpose of the policy was to provide guidelines for the collection, both and added 2/12/09, was reviewed. The purpose of the policy was to provide guidelines for the collection, both and the postories of the collection, provide guidelines for the collection, both and the post of guidelines for the collection, provide guidelines for the collection.  The hospital's P&P, Collection, Storage and Handling of a Mother's Milk for Her Own Infant dated 2/12/09, was reviewed. The purpose of the policy was to provide guidelines for the collection.			050040	B. WIN	1G_		1	2010
A 395  A 396  Continued From page 24  h. Review of the medical record for Patient 16 began on 6/3/10, and showed on the NICU 24 hour Nursing Flow Sheets documentation of feeding episodes. Feeding episodes dated 5/2/10, showed no co-signature verification for three feedings.  A 405  All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved mendical staff policies and procedures.  This STANDARD is not met as evidenced by: Based on interview, medical record review and review of facility documents, the hospital falled to ensure nursing staff in the NICU followed the P&P for the handling and identification of expressed mother's breast milk prior to it's administration for eight of 30 sampled patients (Patient 1, 4, 6, 13, 16, 23, 25, 25). This resulted in Patient 1 and the seven other patients to be exposed to infectious diseases such as Hepatitis B and HIV.  Findings:  The hospital's P&P, Collection, Storage and Handling of a Mother's Milk for Her Own Infant dated 2/12/09, was reviewed. The purpose of the policy was to provide guidelineines for the collection, policy was to provide guidelineines for the collection, policy was to provide guidelineines for the collection, for the collection of the label of the collection, for the collection of the label of the requirements for properly labeling with pre-printed hospital labels and a process for verification of the labels with the mother.  PERFIX TAG  A 395  BREAST MILK MISADMINISTRATION Immediate/Permanent Corrective Act The Clinical Nursing Director and Interial Nursing Director and Interia			CAL CENTER		1.	4445 OLIVE VIEW DRIVE		
h. Review of the medical record for Patient 16 began on 6/3/10, and showed on the NICU 24 hour Nursing Flow Sheets documentation of feeding episodes. Feeding episodes reviewed included expressed breast milk requiring two signatures by nursing staff. Feeding episodes dated 5/2/10, showed no co-signature verification for three feedings.  A 405  All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.  This STANDARD is not met as evidenced by: Based on interview, medical record review and review of facility documents, the hospital failed to ensure nursing staff in the NICU followed the P&P for the handling and identification of expressed mother's breast milk prote to it's administration for eight of 30 sampled patients (Patients 1, 4, 6, 13, 16, 23, 25, 28). This resulted in Patient 1 and the seven other patients to be exposed to infectious diseases such as Hepatitis B and HIV.  Findings:  The hospital's P&P, Collection, Storage and Handling of a Mother's Milk for Her Own Infant dated 2/12/09, was reviewed. The purpose of the policy was to provide guidelines for the collection, policy was to provide guidelines for the collection, policy was to provide guidelines for the collection, the dead of the collection of the policy was to provide guidelines for the collection, administration of breast milk.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
storage, and handling of breast milk to optimize nutritional and immunological protection while		h. Review of the m began on 6/3/10, al hour Nursing Flow feeding episodes. It included expressed signatures by nursi dated 5/2/10, show for three feedings. 482.23(c)(1) ADMII All drugs and biology, or under superpersonnel in accordiaws and regulation licensing requirement the approved media procedures.  This STANDARD Based on interview review of facility do ensure nursing starfor the handling an mother's breast mileight of 30 samples 16, 23, 25, 28). This receiving expresse not his own. This hand the seven other infectious diseases.  Findings:  The hospital's P&P Handling of a Moth dated 2/12/09, was policy was to provide storage, and handling and	ledical record for Patient 16 and showed on the NICU 24 Sheets documentation of Feeding episodes reviewed I breast milk requiring two ang staff. Feeding episodes ed no co-signature verification  NISTRATION OF DRUGS  gicals must be administered vision of, nursing or other dance with Federal and State as, including applicable ents, and in accordance with cal staff policies and  is not met as evidenced by: and medical record review and cuments, the hospital failed to fin the NICU followed the P&P did identification of expressed lik prior to it's administration for did patients (Patients 1, 4, 6, 13, as resulted in Patient 1 did breast milk from a mother and the potential for Patient 1 are patients to be exposed to a such as Hepatitis B and HIV.  Collection, Storage and er's Milk for Her Own Infant areviewed. The purpose of the die guidelines for the collection, ing of breast milk to optimize			Immediate/Permanent Correspond to all Nursing Directors are memo to all NICU staff reminding them of requirements to co-sign 24-hour Nursing Flow Sheevidence their double character that infant's correct breather infant's correct breather and Interim Nurse Manage created a log book to do receipt of breast milk be into the NICU and to ensure breast milk will be immedied and labeled apper Policy: Collection Storath Handling of a Mother's Befor her own Infant was reproperly labeling with phospital labels and a prefor verification of the with the mother.  Persons Responsible Clinical Nursing Director Interim NICU Nurse Manage Monitoring Process The charge nurse will relog book entries each shensure completion. If the information is no complete, the Charge Nurprovide immediate feedbato the involved staff.  The charge nurse will coopen medical record reviweekly to assess compliate the double signatures on flow sheet immediately permanding the conflow sheet immediately permanding the double signatures on flow sheet immediately permanding the sheet signatures on the store signature sheet sheet	ective Act ector nursing the the et to eck of ast milk. ector r cument rought ure that diately ropriately ge and reastmilk evised for re-printed ocess labels  r er  view the ift to t se will ck  nduct ews twice nce with the NICU rior to	5-13-10  6-1-10  6-15-10 and ongoing

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	LTIPLE CONST	RUCTION	(X3) DATE S COMPLE	
		050040	B. WING	10012-0070		1	C 98/2010
	PROVIDER OR SUPPLIER VE VIEW-UCLA MED	ICAL CENTER			ESS, CITY, STATE, ZIP CO E VIEW DRIVE CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF CO COH CORRECTIVE ACTIO SS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
A 395	h. Review of the material began on 6/3/10, a hour Nursing Flow feeding episodes. It included expressed signatures by nursidated 5/2/10, show for three feedings. 482.23(c)(1) ADMII All drugs and biology, or under superpersonnel in accordiance and regulation licensing requirements approved mediprocedures.  This STANDARD Based on interview review of facility doensure nursing start for the handling an mother's breast mileight of 30 samples.	age 24 nedical record for Patient 16 nd showed on the NICU 24 Sheets documentation of Feeding episodes reviewed If breast milk requiring two ng staff. Feeding episodes red no co-signature verification NISTRATION OF DRUGS gicals must be administered vision of, nursing or other dance with Federal and State ns, including applicable rents, and in accordance with cal staff policies and is not met as evidenced by: medical record review and cuments, the hospital failed to ff in the NICU followed the P&P d identification of expressed lik prior to it's administration for d patients (Patients 1, 4, 6, 13, is resulted in Patient 1	A 4	measu until susta 2 mon monit	ing for each of ares will conting 100% compliance ained for 2 months of sustained coring will be of	f these nue as such ce has been ths. After ed compliance	
	receiving expresse not his own. This h and the seven other	d breast milk from a mother ad the potential for Patient 1 er patients to be exposed to s such as Hepatitis B and HIV.					
	Findings:	6					
	Handling of a Moth dated 2/12/09, was policy was to provice storage, and handle	Collection, Storage and cer's Milk for Her Own Infant reviewed. The purpose of the de guidelines for the collection, ing of breast milk to optimize aunological protection while					

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER;	A. BUILT	DING	COMPLE	ETED
	050040	B. WING	9	1	C 8/2010
NAME OF PROVIDER OR SUPPLIER  LAC/OLIVE VIEW-UCLA MEDI	CAL CENTER	5	STREET ADDRESS, CITY, STATE, ZIP CO 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
Documentation sho milk to feeding cont administration, two proper identification name, date of birth between the original band. This would be nursing flow sheet. would be accepted other hospitals provided the allegation of the initiated a concluded the allegation of the wrong infant in	ice of contamination or error. wed upon transfer of breast ainers and before licensed personnel must verify , double checking the infant's and medical record number I container label and the infant e documented on the 24 hour in addition, breast milk bottles on admission/transfer from ided they are properly labeled. Ifornia Department of Public implaint investigation which ion breast milk was given to he NICU.  We with the CQO on 5/12/10 at infirmed Patient 1 was fed 0 that was not from the  tigation Report revealed transferred from an outside along with several containers hospital labels were applied the nurse at the time of	A 40		under A288  ive Actions or sent a memo eminding them ign the 24-hour nce their s correct  or and Interim book to milk brought that breast rified and  w the log book e completion. omplete, the mmediate aff.  ct open medical mpliance with e NICU flow the lk.  measures will nce has been	5-12-10 6-1-10 and ongoing

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION G	COMPLE	(X3) DATE SURVEY COMPLETED	
		050040	B. WII	NG			C 8/2010	
	PROVIDER OR SUPPLIER	ICAL CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	20,00	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DÚLD BE	(X5) COMPLETION DATE	
A 405	band of Patient 1 b baby at 1800 hours.  2. The medical recreviewed on 6/3/10 NICU 24 hour Nurs 3/16/10, the patient breast milk via a behours. There was a licensed nurses do breast milk contain Patient 25 before at 3. The medical recreviewed on 6/3/10 NICU 24 hour Nurs following: 4/18/10 0200, and 0500 hours of 0300 and 0600 hours of 0300 and 0500 hours of 03/10 at 0845 hour Nursing Flow 5/9/10, showed the expressed breast 12300, and 0200 hours of 0300 and 0200 hours of 0300 and 0300 hours of 03	perfore administration to the second for Patient 25 was at 1235 hours. Review of the sing Flow Sheets showed, on at was administered expressed of the at 0700, 1300 and 1500 no documented evidence two ouble checked the label on the ner against the ID band of administration to the baby.  Ford for Patient 13 was at 1235 hours. Review of the sing Flow Sheets showed the at 0800, 1100, 2000, 2300, ours; 4/20/10 at 2100, 0000, ours; 4/20/10 at 2100, 0000, ours; 4/20/10 at 0800, 1100, 600 hours; and 4/25/10 at 530 hours did not show a licensed nurses double on the breast milk container of of Patient 13 before the baby.  Ford for Patient 4 was reviewed thours. Review of the NICU 24 Sheets dated 5/8/10 and a patient was administered milk via stomach tube at 2000, ours on both days. There was to show two licensed nurses e label on the breast milk the ID band of Patient 4 before	Α.	405				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050040	B. WIN				C
	PROVIDER OR SUPPLIER	TO HAVE TO SHEET AND A SHEET AS A		14	EET ADDRESS, CITY, STATE, ZIP CODE 1445 OLIVE VIEW DRIVE YLMAR, CA 91342	06/0	8/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	200	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 405	hour Nursing Flow's feeding episodes. Fincluded expressed signature verification episodes dated 3/11 verification for two find dated 3/15/10, show verification for one find dated 3/20/10, show verification for one find dated 4/4/10, showed for seven feedings. 4/16/10, showed no feedings. Feeding end showed no co-signate feedings.  6. Review of the ment began on 6/3/10, and hour Nursing Flow Steeding episodes. Fincluded expressed signatures by nursing dated 3/4/10, showed for two feedings. Feeding end showed no co-signate feeding.  7. Review of the ment began on 6/3/10, and hour Nursing Flow Steeding episodes. Feeding end feeding e	sheets documentation of feeding episodes reviewed breast milk requiring two in by nursing staff. Feeding 1/10, showed no co-signature feedings. Feeding episodes wed no co-signature feeding. Feeding episodes wed no co-signature feeding. Feeding episodes and no co-signature verification feeding episodes dated co-signature for four pisodes dated dated for Patient 6 dishowed on the NICU 24 sheets documentation of feeding episodes reviewed breast milk requiring two graff. Feeding episodes dated 3/9/10, ture verification for three pisodes dated 5/10/10, ture verification for three pisodes dated 5/10/10, ture verification for one dical record for Patient 28 dishowed on the NICU 24 heets documentation of feeding episodes reviewed breast milk requiring two graff. Feeding episodes reviewed breast milk requiring two graff. Feeding episodes	A 4	105			

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDIN	G	COMPLE	TED
		050040	B. WII	NG_	-	06/0	C 8/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI	CAL CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG	13372	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
A 405	8. Review of the me began on 6/3/10, ar hour Nursing Flow of feeding episodes. F included expressed		A	405	Immediate Corrective Action The physician was requested to an addendum to the medical record the results of the wron mother's laboratory tests as a by hospital policy.  Permanent Corrective Actions The interim Chief Nursing Office	cord to ng required	5-14-10 7-27-10
A 449	dated 5/2/10, showed for three feedings. 482.24(c) CONTENTHE The medical record justify admission and support the diagnostic statement of the	ed no co-signature verification	A	449	instructed all nurse managers ensure that they inform all st document events, including notification of actions taken appropriate in the patient's record. They were also asked document this discussion in the next staff meeting.	to taff to , as medical	7-28&30
	Based on interview, review of hospital P ensure the medical patients (Patient 1) regarding the occur of breast milk to the not his own. There show if care was princident, follow up of the infectious status plan for follow up of Findings:  The hospital's P&P Policy dated 9/26/06 policy was to provid an infant was fed hit than his/her own. K	s not met as evidenced by: medical record review and &P, the hospital failed to record for one of 30 sampled contained information rence of the misadministration patient from another mother was no documentation to ovided to the patient after the egarding the investigation of of the source mother or a the patient after discharge.  Breast Milk Misadministration s, showed the purpose of the e guidelines for action when uman milk from a mother other ey points included: the iew the source mother's chart			The NICU Nurse Manager discuss this with staff.  The Interim Chief of NICU sento all NICU providers on medichart documentation, including requirements to be accurate as precise.  Persons Responsible Chief of Neonatology Clinical Nursing Director	t a memo cal	5-21-10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LTIPLE CONSTRUCTION (X3) DATE COMP		
		050040	B. WIN	IG_			C 8/2010
	(EACH DEFICIENCY	CAL CENTER  TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	S X	PREET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE 5YLMAR, CA 91342  PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 449	obtained for testing the recipient mother. Antigen, HIV; and Invirus - a virus that he kinds of diseases), informed consents source mother and results were not avaited physician would the recipient infant in needed; and the incomplete infant in addition, the following recipient infant's medicular infant's physician.  On 5/12/10, the Call Health initiated a concluded the allegated given to a NICU infant's mother.  During an interview 1100 hours, she concluded the initiated and included the infant's mother.  Review of the Investment of the Investment's mother.  Review of the Investment of the Investment in had been hospital on 2/17/10, of breast milk. New to the containers by admission to the Nivapproximately 1900.	consent forms would be both the source mother and for the Hepatitis B Surface ITLV (Human T-lymphotropic as been implicated in several the physician would obtain for the HIV test from the the recipients's mother if allable in the medical record; notify the primary physician of to provide follow up care as sident would be discussed with nely and confidential manner, wing would be noted on the edical record: the date of the tory studies sent, and that tests on the infant might be taken according to the ris orders.  Ifornia Department of Public implaint investigation which ion that wrong breast milk was ant.  with the CQO on 5/12/10 at infirmed Patient 1 was fed 0 that was not from the digation Report revealed transferred from an outside along with several containers hospital labels were applied the nurse at the time of	A	1449	Monitoring Process Events are reported to the Patient Safety Net.Risk Manstaff review all events. Risk Management staff will randomly review nursing progress note documentation events reported to ensure documentation in the medical record.  Deficiencies will be address with the appropriate superstaff. Results of reviews will be to the Risk Management Communication of the Risk Management Communication in the Risk Ma	nagement  ng and  n of  al  ssed  visory  reported	6-10 and ongoing

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI		IG	COMPLE	
		050040	B. WIN	IG_			C 8/2010
	ROVIDER OR SUPPLIER VE VIEW-UCLA MEDI	CAL CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE SYLMAR, CA 91342		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 449	Continued From pa	ge 30	ΑZ	149			
	Officer was asked a show the misadmin Patient 1. The physic discharge history at dated 4/19/10 was acknowledged she documentation to significant by the added the information infectious status of an updated infectio was obtained, as per Chief Quality Office history and infections.	hours, the Chief Quality why the nurses' notes failed to istration of breast milk to iscian's progress notes and nd physical for the patient reviewed. She then was unable to locate how the misadministration of ether the event was ever parents of Patient 1. She ion should include the the source mother or whether n status of the patient's mother er the hospital's P&P. The er said the source mother's us disease status had been t 1's physician and Patient 1's			Our review of the CT scan or documentation shows that the CT scan was ordered STAT on 3/15/10 at 0857, it was persat 0919 and the preliminary report was available at 124. The NNP2 documentation in the medical record (late entry) that the CT was to be order. "in the morning". The NNP2 been on medical leave since 2010.	formed  2.  he notes ed has	6-10-2010
A 529	information was record. 482.26(a) SCOPE ( The hospital must r radiologic services patients. This STANDARD i	owever, none of this corded in the patient's medical OF RADIOLOGIC SERVICES maintain, or have available, according to the needs of the s not met as evidenced by:	A 5	529	Immediate/Permanent Correcti Actions Turn around times for STAT Commonitored. Deficiencies are addressed in the Radiology Department of performance improvement(PI)meetings and actions are taken to address any deficiencies.	CT are	ongoing
	hospital failed to fol CT scan of the brai "now" basis for one (Patient 2). The fail delay of life-saving and interventions. Findings:	view and staff interview, the low their P&P on prioritizing a n ordered to be done on a of 30 sampled patients ure to do so could result in a medical or surgical diagnoses			Person Responsible: Chief of Radiology  Monitoring Process: Random CT exams are audited month and the median times a compiled and reported in PI The median turnaround times from order to preliminary rehave been consistently less 3 hours.	are meetings esult	ongoing

PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

C 06/08/2010  STATE, ZIP CODE RIVE  2  S PLAN OF CORRECTION COMPLETION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)  CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DATE
RIVE 2 S PLAN OF CORRECTION (X5) COMPLETION SHOULD BE COMPLETION DATE
CTIVE ACTION SHOULD BE COMPLETION DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE S COMPLE	
	3	050040	B. WIN				C 8/2010
LAC/OLI	PROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 4445 OLIVE VIEW DRIVE YLMAR, CA 91342		0,12010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 749	NICU. The P&P for of expressed breast administration was 30 sampled patients 25, 28). The P&P for breast milk was not documentation was medical record to shaware of the incider breast milk was test communicable diser for follow up of the protential for Patient patients to be expossuch as Hepatitis B.  The hospital also far system to identify ento have current annotation requirements as eviskin test status. The potential for these from the status of the potential for these from the status. The potential for these from the status of the NICU sink.  Findings:  1. On 6/4/10, review Medical Evaluation showed the policy to safe and healthy encolearances and annotation of the NICU sink.	ases were implemented in the the handling and identification to milk prior to it's not implemented for eight of a (Patients 1, 4, 6, 13, 16, 23, or the misadministration of implemented when no located in the Patient 1's now the patient's parents were not, the source mother of the red and was free of ases, and a plan was in place patient. These failures had the 1 and the seven other sed to infectious diseases and HIV.  Alled to develop and maintain a apployees who were found not ual health screening denced by expired Tuberculin failure increased the agile patients, other health are to be at risk for ase.  Of breastmilk fortifier were nation by splashing water nuntertop in close proximity to of hospital policy titled:  County Workforce members, provide its workforce with a	Α7	749	RESPONSIBILITIES  1. Respiratory Therapy Pract: Clearance  Immediate Corrective Actions The respiratory therapist in completed FIT testing and ppd cleared through employee healt services.  Permanent Corrective Actions The DHS Employee Health Clearand Licensing Policies were reand revised effective 5/3/10  Each hospital department was to ensure they have up to date on compliance with the DHS EmpHealth Clearance Policy  The DHS policy was converted to ValleyCare policy and submitted approval  Persons Responsible Individual Managers CEO  Monitoring Process Employee Health Services mainted database of workforce members reclearance dates. Prior to the expiration of the annual healt screening, workforce members regiven a 30 day reminder to compose workforce members who do not care given a "direct order" letindicating they have five (5) to comply or face discipline to and including discharge. A cothe letter is provided to the workforce member's supervisor action.	question and was th ances eviewed surveyed e policies poloyee to a ed for annual the may be mply. Comply tter days up to opy of	6-4-10 5-3-10 7/10 9-17-10 ongoing ongoing

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		050040	B. WII				C 8/2010
	PROVIDER OR SUPPLIER  VE VIEW-UCLA MEDI	CAL CENTER			REET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 749	work inside the hos documentation of medical evaluation.  Réview of the hospitheir annual date of physicals and mediculerculin skin testicurrent in the annual requirements, 'NOT to the right of the error Review of RCP 1's personnel file shown number was listed at A tour of the NICU (6/3/10. The staff stabables were identificand prematurity. RC respiratory care pranticul. He was obsean infant. RCP 1 was An interview with the conducted on 6/4/10. Associate Administr PPD and fit testing in 4/30/10. An interview with the conducted on 6/4/10 supervisor stated he notification memo at stated he reviewed illistings as of 5/17/10 as not being cleared aware RCP 1 was nasked where RCP 1	pital without appropriate nedical clearance or required ital's list of employees and compliance with annual cal examinations included ng. If the employee was not al medical review  CLEARED' was documented	A	749			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		050040	B. WING			C 06/08/2010		
NAME OF PROVIDER OR SUPPLIER  LAC/OLIVE VIEW-UCLA MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
A 749	supervisor stated a allowing RCP 1 to obtained.  Review of the hosp monthly employee May 2010 and June was documented a twelve hour shifts, and one twelve hou 2010.  A document titled, 2005, Children's He with low birth weigh complications. The body was not strontime eating, gaining In addition, the doc being prone to brear respiratory distress disease of prematulings).  2. The hospital's Perending of a Moth dated 2/12/09, show was to provide guid storage, and handle nutritional and immediate minimizing the characteristic proper the infant's name, or record number betalabel and the infant'	letter would be issued not work until clearance was sital's respiratory care services schedules for the months of a 2010 was conducted. RCP 1 is having worked fourteen, for the month of May 2010, ar shift for the month of June  Low Birthweight in Newborns) cospital Boston, showed babies at were at increased risk for article showed the baby's tiny g and might have a harder g weight, and fighting infection, ament showed this population athing problems such as a syndrome (a respiratory unity caused by immature  &P, Collection, Storage and er's Milk for Her Own Infant wed the purpose of the policy delines for the collection, ing of breast milk to optimize nunological protection while nee of contamination or error. east milk to feeding containers stration, two licensed personnel identification, double checking date of birth and medical ween the original container	A '	749	Immediate/Permanent Corrections a memo to all NICU staff reminding them of requirements to co-sign 24-hour Nursing Flow Shee evidence their double che the infant's correct breat and Interim Nurse Manager created a log book to do receipt of breast milk binto the NICU and to ensubreast milk will be immediated and labeled approperly labeling with properly labeling with the mother.  Persons Responsible Clinical Nursing Director Interim NICU Nurse Manage Monitoring Process The charge nurse will relog book entries each shensure completion. If the information is not complete, the Charge Nursprovide immediate feedbact to the involved staff.  The charge nurse will component of the double signatures on flow sheet immediately properly administration of brother administration and properly administration and prop	ective Act ector nursing the the et to eck of ector r cument rought ure that diately ropriately ge and reastmilk evised for re-printer ocess labels  r er  view the ift to  t se will ck  nduct ews twice nce with the NICU rior to	5-13-10  6-1-10  6-22-10  6-15-10  and  ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILD B. WING		(	3
		050040	B. WING		06/08/2010	
NAME OF PROVIDER OR SUPPLIER  LAC/OLIVE VIEW-UCLA MEDICAL CENTER			S	TREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342	8 9	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
A 749	Continued From page 34 supervisor stated a letter would be issued not allowing RCP 1 to work until clearance was obtained.		A 74	9 Auditing for each of thes	e -	1
			1,470,000,00	measures will continue as	such	
				until 100% compliance has		
	Review of the hospital's respiratory care services monthly employee schedules for the months of May 2010 and June 2010 was conducted. RCP 1			sustained for 2 months.		
				2 months of sustained com	<i></i>	
was documented as having worke twelve hour shifts, for the month of and one twelve hour shift for the no 2010.		or the month of May 2010,		monitoring will be done q	uarterly.	•
	2005, Children's Ho with low birth weigh complications. The body was not strong time eating, gaining In addition, the door being prone to brea respiratory distress	Low Birthweight in Newborns) ospital Boston, showed babies at were at increased risk for article showed the baby's tiny g and might have a harder weight, and fighting infection, ument showed this population of thing problems such as syndrome (a respiratory rity caused by immature				
	Handling of a Mothe dated 2/12/09, show was to provide guid storage, and handlinutritional and imminimizing the charupon transfer of breand before administrative rify proper in the infant's name, direcord number betweet					
	The hospital's P&P	Breast Milk Misadministration				

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  C 06/08/2010				
	050040	B. WING						
NAME OF PROVIDER OR SUPPLIER  LAC/OLIVE VIEW-UCLA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14445 OLIVE VIEW DRIVE SYLMAR, CA 91342					
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		(X5) COMPLETION DATE			
allowing RCP 1 to wobtained.  Review of the hospi monthly employee is May 2010 and June was documented as twelve hour shifts, for and one twelve hour 2010.  A document titled, L 2005, Children's Howith low birth weight complications. The abody was not strong time eating, gaining In addition, the docubeing prone to breat respiratory distress disease of prematur lungs).  2. The hospital's P& Handling of a Mother dated 2/12/09, show was to provide guide storage, and handlir nutritional and immuminimizing the chan Upon transfer of breand before administ must verify proper in the infant's name, darecord number between the label and the infant is storaged.	letter would be issued not york until clearance was tal's respiratory care services schedules for the months of 2010 was conducted. RCP 1 shaving worked fourteen, or the month of May 2010, r shift for the month of June ow Birthweight in Newborns) spital Boston, showed bables twere at increased risk for article showed the baby's tiny and might have a harder weight, and fighting infection. Intent showed this population thing problems such as syndrome (a respiratory into caused by immature)  P, Collection, Storage and or's Milk for Her Own Infant yed the purpose of the policy elines for the collection, and of breast milk to optimize unological protection while ce of contamination or error. The instruction is the contamination of error ast milk to feeding containers ration, two licensed personnel dentification, double checking ate of birth and medical een the original container	A 749	BREAST MILK MISADMINISTRATION IT See also corrective actions unde  Immediate/Permanent Corrective A The Clinical Nursing Director se to all NICU nursing staff remind of the requirements to co-sign to Nursing Flow Sheet to evidence to double check of the infant's corbreast milk.  The Clinical Nursing Director and Nurse Manager created a log book document receipt of breast milk into the NICU and to ensure that milk will be immediately verified labeled appropriately  Persons Responsible Clinical Nursing Director Interim NICU Nurse Manager  Monitoring Process  The charge nurse will review the entries each shift to ensure completed the information is not completed Charge Nurse will provide immediated feedback to the involved staff.  The charge nurse will conduct op record reviews to assess compliate the double signatures on the NICU sheet immediately prior to the administration of breast milk.  Auditing for each of these measure continue until 100% compliance he sustained for 2 months. Then month will be done quarterly.	ctions nt a memo ling them he 24-hour heir rect  d Interim to brought breast d and  log book pletion. te, the ate  en medical nce with U flow  res will as been	5-12-10 6-15-10 and ongoing			

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PRINTED: 07/20/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

IND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	A. BUILDING			COMPLETED	
	050040	B. WIN	VG_		С		
NAME OF PROVIDER OR SUPPLIER			ſ		06/0	08/2010	_
LAC/OLIVE VIEW-UCLA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  14445 OLIVE VIEW DRIVE  SYLMAR, CA 91342				
PREFIX (EACH DEFICI	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ΙX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY).		(X5) COMPLETION DATE	
policy was to pran infant was fethan his/her own physician will rematernal history for testing both recipient mothe will notify the prinfant to provide the incident will a timely and corfollowing will be medical record: laboratory studie laboratory studie laboratory tests action taken accephysician's order to reight of 30 secontrol infectious for eight of 30 secontrol infectious	16/06, showed the purpose of the ovide guidelines for action when d human milk from a mother other on. Key points included: the view the source mother's chart for r; consent forms will be obtained the source mother and the for blood borne; the physician mary physician of the recipient follow up care as needed; and be discussed with both families in offidential manner. In addition, the noted on the recipient infant's the date of the occurrence, as sent, and that follow up on the infant may be needed; and cording to the recipient's rs.		74	Immediate Corrective Actions Breast Milk fortifier is no kept on the counter by the s. It is now kept at the patient bedside.  Persons Responsible NICU Interim Nurse Manager Infection Control  Monitoring Process Infection Control conducts unannounced Environmental Row in the NICU weekly. Any inst of non-compliance is immediat addressed with the Nurse Manager	longer ink. t's	5-10 & 9-15-10 and ongoing	THE PROPERTY OF THE PROPERTY O